

Case Number:	CM15-0145539		
Date Assigned:	08/06/2015	Date of Injury:	10/13/2011
Decision Date:	09/10/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/27/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 61-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of October 13, 2011. In a Utilization Review report dated July 21, 2015, the claims administrator failed to approve a request for a Toradol injection apparently administered on July 6, 2015. The applicant's attorney subsequently appealed. On May 4, 2015, the applicant reported ongoing complaints of neck and shoulder pain. The applicant was worsened and reported difficulty gripping, grasping, lifting, pushing, and pulling. The applicant was described as having exhausted his supply of Norco in one section of the note. At the bottom of the report, the applicant was given refills of Voltaren, Zantac, and Desyrel. A rather proscriptive 10-pound lifting limitation was renewed. It did not appear that the applicant was working with said limitation in place. On April 3, 2015, the applicant underwent a lipoma excision procedure. On June 15, 2015, the applicant reported 8-9/10 shoulder and neck pain complaints. Diclofenac, Desyrel, and Pepcid were renewed, as was the applicant's 10-pound lifting limitation. Once again, it was not stated whether the applicant was or was not working at this point, although this did not appear to be the case. On an RFA form dated July 6, 2015, retrospective authorization was sought for a Toradol injection apparently performed in the clinic. In an associated progress note of the same date, July 6, 2015, the applicant reported complaints of worsened neck and shoulder pain. Toradol injection was apparently performed in the clinic to ameliorate the same. It was stated that the applicant was described as having spasms about the neck. Overall commentary was sparse.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Toradol 60mg IM (DOS: 07/06/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, GI symptoms & cardiovascular risk; NSAIDs, hypertension and renal function; NSAIDs, specific drug list & adverse effects Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available) Page(s): 72. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chronic Pain, 3rd ed., pg. 942.

Decision rationale: Yes, the request for a Toradol injection was medically necessary, medically appropriate, and indicated here. While the MTUS does not specifically address the topic of injectable ketorolac or Toradol, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines notes that oral ketorolac or Toradol is not indicated for minor or chronic painful conditions. By analogy, injectable ketorolac or Toradol is likewise not indicated for minor or chronic painful conditions. Here, however, the applicant was described as exhibiting an acute flare in symptoms on a July 6, 2015 progress note, referenced above. The Third Edition ACOEM Guidelines Chronic Pain Chapter does acknowledge that a single dose of injectable ketorolac appears to be a useful alternative to single moderate dose of opioids for the management of applicants who present to the emergency department with flare of severe musculoskeletal back pain. Here, by analogy, the applicant presented to the clinic setting reporting a flare of severe musculoskeletal neck and shoulder pain. An injection of ketorolac (Toradol) was indicated to ameliorate the same. The attending provider's pattern of office visits earlier in 2015 suggested that the attending provider was not routinely administering ketorolac or Toradol injections on those dates. All evidence on file pointed to the applicant's having in fact experiencing an acute flare in symptoms on the July 6, 2015 office visit at issue. Therefore, the request was medically necessary.