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| Case Number: | CM15-0163257 | | |
| Date Assigned: | 08/31/2015 | Date of Injury: | 04/05/2012 |
| Decision Date: | 10/05/2015 | UR Denial Date: | 08/11/2015 |
| Priority: | Standard | Application Received: | 08/19/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 55 year old female who sustained an industrial injury on 4-5-2012. She has reported neck pain, bilateral shoulder pain, lower back pain, bilateral knee pain, and bilateral ankle pain and has been diagnosed with musculoligamentous sprain cervical spine, disc bulges C4-C5, C5-C6, tendinitis, bilateral shoulders, internal derangement, both shoulders, capsulitis left shoulder, musculoligamentous sprain lumbar spine, with lower extremity radiculitis, internal derangement, bilateral knees, sprain of both ankles, probable tear medial meniscus, left knee, and tear medial meniscus, right knee. Bilateral shoulders noted pain and limited range of motion. Both ankles had tenderness, swelling, and popping. Objective findings note tenderness over the posterior superior iliac spines bilaterally. The treatment plan included medications. The treatment request included Ketorolac 60 mg with Lidocaine. The progress report dated August 7, 2015 indicates that the patient is taking Motrin, ibuprofen, and Excedrin. The patient is not attending therapy and not working. For the lower back, the note states that there is "no change." Objective findings revealed tenderness over the posterior superior iliac spines bilaterally. The treatment plan recommends Ketorolac with lidocaine injected in the upper arm or upper buttock intramuscularly for relief of the patient's back symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Ketorolac 60mg with Lidocaine 1ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Ketorolac (Toradol); Shoulder (Acute & Chronic), Ketorolac injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Toradol Official FDA Information (<http://www.drugs.com/mtm/toradol-im.html>).

Decision rationale: Regarding the request for 1 prescription for Ketorolac 60mg with Lidocaine 1ml, Chronic Pain Medical Treatment Guidelines state this medication is not indicated for minor or chronic painful conditions. The FDA notes it is used short-term (5 days or less) to treat moderate to severe pain. Within the information available for review, there is documentation of severe pain. However, guidelines note it is not indicated for chronic painful conditions, and there is no documentation of a recent flare up with new or worsened objective findings. As such, the currently requested, 1 prescription for Ketorolac 60mg with Lidocaine 1ml, is not medically necessary.