

Case Number:	CM15-0169361		
Date Assigned:	09/10/2015	Date of Injury:	08/31/2013
Decision Date:	10/08/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/27/2015

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, California
 Certification(s)/Specialty: Family Practice

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 44 year old female, who sustained an industrial-work injury on 8-31-13. She reported initial complaints of neck, shoulder, and wrist pain. The injured worker was diagnosed as having right hand pain, right sprain of wrist, right osteoarthritis of shoulder, right medial epicondylitis, right superior glenoid labrum lesion. Treatment to date has included medication, diagnostics, and injection. Currently, the injured worker complains of pain in the neck, shoulder, and right wrist pain with pain rated 8 out of 10 with medication and 10 out of 10 without. Medication helps to accomplish ADL's (activities of daily living). Medications include Motrin, Toradol, Tramadol, Naproxen, Norco, and Lipitor. Per the primary physician's progress report (PR-2) on 7-17-15, there was right shoulder decreased range of motion, tender with exercises along with neck and right wrist pain. The shoulder acromioclavicular joint effusion, tenderness at subacromial space and pain with resisted abduction, decreased abduction, and flexion. The wrist is tender with positive Phalen's test. Tramadol was reported to not help adequately. Physical examination of the cervical spine revealed tenderness on palpation and limited range of motion. Current plan of care includes begin acupuncture, activity modification, and diagnostics-MRI (magnetic resonance imaging). The Request for Authorization date was 7-20-15 and requested service included Toradol 60 mg/2ml, IM, RUG, 30 days, total 2 ml, start 6/23/2015 and 7/22/2015 and DM. The Utilization Review on 8-7-15 denied the request due to exceeding recommended guidelines of a maximum dosage of 40 mg and not recommend for chronic pain conditions. On review of system patient do not have any complaints of gastrointestinal tract.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 60 mg/2ml, IM, RUG, 30 days, total 2 ml, start 6/23/2015 and 7/22/2015 and DM:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: Toradol 60 mg/2ml, IM, RUG, 30 days, total 2 ml, start 6/23/2015 and 7/22/2015 and DM. According to MTUS guidelines regarding Toradol (ketorolac) "This medication is not indicated for minor or chronic painful conditions." Per the records provided patient had chronic neck, shoulder, and wrist pain. Cited guidelines do not recommended Toradol for chronic painful conditions. In addition, any intolerance to oral medication is not specified in the records provided. The rationale for using the Toradol in the injection form was not specified in the records provided. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. Patient had sustained the injury in 2013 and any evidence of acute exacerbation of pain was not specified in the records provided. Patient had received Toradol injection previously for this injury. The detailed response of the previous injection was not specified in the records specified. The medical necessity of the request for Toradol 60 mg/2ml, IM, RUG, 30 days, total 2 ml, start 6/23/2015 and 7/22/2015 and DM is not fully established in this patient.