

<b>Case Number:</b>	CM15-0184441		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	06/06/2012
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: North Carolina

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 60 year old female, who sustained an industrial-work injury on 6-6-12. She reported initial complaints of neck, shoulder, wrist, hand, and knee pain. The injured worker was diagnosed as having musculoligamentous sprain of the cervical spine with upper extremity radiculitis, bilateral shoulder tendinitis, lateral epicondylitis of the bilateral elbows, overuse syndrome of bilateral upper extremities, de Quervain's tendinitis of the bilateral wrist, internal derangement of the bilateral knees, possible scapholunate dissociation with dorsal intercalated segmental instability of the right wrist, possible tear of triangular fibrocartilage of the right wrist. Treatment to date has included medication, diagnostics, and injections. MRI results were reported on 9-25-15 noted no abnormalities of the left wrist, per UR. EMG-NCV (electromyography and nerve conduction velocity test) was reported on 4-19-15 bilateral carpal tunnel syndrome with severe motor and sensory involvement. Currently, the injured worker complains of increased pain and stiffness with popping in the neck, increased pain and limited range of motion in both shoulders, both wrists had increased pain with limited range of motion and gripping and grasping. There was swelling in both hands and fingers as well as in both knees. There was buckling and weakness. The injured worker is not working. Meds include Tramadol and blood pressure med. She also uses a C-PAP machine for sleep apnea. Per the primary physician's progress report (PR-2) on 8-10-15, exam noted positive Tinel's on the left wrist. On 9-4-15, exam noted increased neck pain and stiffness and popping and feeling of locking at times, increased shoulder pain, increased wrist and bilateral knee pain. Tinel's test was positive. Current plan of care includes Tramadol, schedule carpal tunnel release with pre-op

testing, and injection to relieve neck and back symptoms. Ketorlac 60mg with Lidocaine 1ml, IM (intra muscular) was in the treatment plan on 9-4-15, 8-10-15, 7-6-15, 5-18-15, and 4-20-15. The Request for Authorization requested service to include Ketorlac 60mg with Lidocaine 1ml, IM (intra muscular) x1. The Utilization Review on 9-16-15 denied the request for Ketorlac 60mg with Lidocaine 1ml, IM (intra muscular) x1 due to use for chronic neck pain that is not supported and without trial of oral NSAIDS, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ketorlac 60mg with Lidocaine 1ml, IM (intra muscular) x1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on Ketorolac states: Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions. Per the ODG: Only recommended for short-term in management of moderately severe acute pain that requires analgesia at the opioid level. In this case, the documentation does not indicate acute pain treatment but rather than the treatment of a chronic pain condition. In the absence of acute pain treatment, the medication is not indicated per the California MTUS and the ODG. Therefore, the request is not medically necessary.