

Case Number:	CM15-0199890		
Date Assigned:	10/20/2015	Date of Injury:	12/27/2012
Decision Date:	12/04/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/12/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 67 year old male, who sustained an industrial injury on 12-27-2012. The injured worker was being treated for musculoligamentous sprain of the cervical spine with upper extremity radiculitis and C3-4 (cervical 3-4) disc osteophyte. Medical records (6-17-2015, 7-23-2015) indicate neck pain radiating between the shoulder blades. Medical records (9-10-2015) indicate neck pain radiating into both arms with numbness and tingling of the shoulders and fingertips. The injured worker reported that his neck pain was rated 5 out of 10 on 6-17--2015 and 8-9 out of 10 on 9-10-2015. The physical exam (9-10-2015) included objective findings related to the lower back, but did not include documentation of a cervical spine assessment. Treatment has included non-steroidal steroidal injection and medications including Lorazepam. Per the treating physician (9-10-2015 report), the injured worker has not returned to work. The treatment plan included Ketorolac 60mg with Xylocaine 1ml Injection to upper arm area or upper buttock area for relief of the injured worker's neck pain. On 9-18-2015, the requested treatments included Ketorolac 60mg with Xylocaine 1ml Injection to upper arm area and Ketorolac 60mg with Xylocaine 1ml injection to upper buttock area. On 9-24-2015, the original utilization review non-certified requests for Ketorolac 60mg with Xylocaine 1ml Injection to upper arm area and Ketorolac 60mg with Xylocaine 1ml injection to upper buttock area.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketorolac 60mg with Xylocaine 1ml Injection to upper arm area: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Ketorolac (Toradol).

Decision rationale: Per the ODG guidelines regarding Ketorolac: The injection is recommended as an option to corticosteroid injections in the Shoulder Chapter, with up to three injections. (Min, 2011) Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. (DeAndrade, 1994) This medication is not indicated for minor or chronic painful conditions. As ketorolac is not indicated for chronic painful conditions, and there is no documentation of an acute flare of pain, the request is not medically necessary.

Ketorolac 60mg with Xylocaine 1ml injection to upper buttock area: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip & Pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Ketorolac (Toradol).

Decision rationale: Per the ODG guidelines regarding Ketorolac: The injection is recommended as an option to corticosteroid injections in the Shoulder Chapter, with up to three injections. (Min, 2011) Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. (DeAndrade, 1994) This medication is not indicated for minor or chronic painful conditions. As ketorolac is not indicated for chronic painful conditions, and there is no documentation of an acute flare of pain, the request is not medically necessary.