

<b>Case Number:</b>	CM15-0199899		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	07/29/2013
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Arizona, Texas

Certification(s)/Specialty: Internal 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 injured worker is a 56 year old female, who sustained an industrial injury on 07-29-2013. The injured worker is currently not working. Medical records indicated that the injured worker is undergoing treatment for musculoligamentous sprain of the cervical spine with upper extremity radiculitis, glenoid labrum tear to the right shoulder, lateral epicondylitis to right elbow, carpal tunnel syndrome to right wrist, and bilateral knee osteoarthritis. Treatment and diagnostics to date has included prior right shoulder and right knee surgeries, recent left ankle surgery (06-18-2015), physical therapy and medications. Recent medications have included Norco, Tramadol, Lorazepam, and Flexeril. Subjective data (08-10-2015 and 09-14-2015), included left ankle, neck, right shoulder, right elbow, right wrist, and right knee pain. Objective findings (09-14-2015) included left ankle plantar flexion is 30 degrees and dorsiflexion is 0 degrees and (08-10-2015) positive Tinell's over sural nerve of left ankle. The Utilization Review with a decision date of 09-25-2015 non-certified the request for Ketorolac 60mg with Lidocaine 1ml IM (intramuscular) injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketorolac 60mg with Lidocaine 1ml IM injection: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Pain Procedure, NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** According to the MTUS, Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions. In this case the patient has a date of injury of 7/29/13. She is treated for chronic neck, back and shoulder pain. The documentation supplied does not indicate that the patient has minor or acute pain. She continues to be treated with multiple oral analgesic medications that have been documented to be effective. The use of parental NSAID medications is not medically necessary.