

Case Number:	CM15-0204578		
Date Assigned:	10/21/2015	Date of Injury:	04/14/2000
Decision Date:	12/03/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/19/2015

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, Indiana, New York
 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 54 year old female, who sustained an industrial-work injury on 4-14-00. She reported initial complaints of back and hip pain. The injured worker was diagnosed as having sprain-strain of the lumbar spine, bilateral trochanteric bursitis, and lumbar spine disc bulges. Treatment to date has included medication, 2 chiropractic sessions to date, and diagnostics. Currently, the injured worker complains of continued low back pain rated 8 out of 10 and associated with limited range of motion and stiffness, hip pain with activity and sleeping. Meds included Naprosyn and Ibuprofen. She is currently working. Per the primary physician's progress report (PR-2) on 9-16-15, exam noted positive straight leg raise at 70 degrees bilaterally. Current plan of care includes complete chiropractic care; continue meds, home exercises, and ketorolac injection. The Request for Authorization requested service to include One injection of Ketorolac 60mg with Lidocaine 1ml, to the upper arm or upper buttock. The Utilization Review on 9-22-15 denied the request for one injection of Ketorolac 60mg with Lidocaine 1ml, to the upper arm or upper buttock, per Official Disability Guidelines, Pain (Chronic): Ketorolac.

IMR ISSUES, DECISIONS AND RATIONALES

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

One injection of Ketorolac60mg with Lidocaine 1ml, to the upper arm or upper buttock:
 Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Ketorolac.

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

Decision rationale: Pursuant to the Official Disability Guidelines, 1 ketorolac injection 60 mg with lidocaine 1ml to the upper arm or upper buttock is not medically necessary. Toradol is recommended for short-term (up to five days) and management of moderately severe acute pain that requires analgesia at the opiate level. This medication is not indicated from minor or chronic painful conditions. The injection is recommended as an option to corticosteroid injections in the shoulder section with up to three injections. Toradol may be used as an alternative to opiate therapy. In this case, the injured worker's working diagnoses are musculoligamentous sprain lumbar spine; trochanteric bursitis bilateral hips; and disc bulges L2 L3, L3 L4 and L5 S1. Date of injury is April 14, 2000. Request for authorization is September 17, 2015. According to a September 16, 2015 progress note, the injured worker's subjective complaints include low back pain 8/10 and hip pain. The documentation indicates the injured worker received physical therapy "a couple of times". Medications include ibuprofen and Naprosyn as needed. Objectively, there is positive straight leg raising with sitting. There are no other physical findings documented in the medical record. Ketorolac is not indicated for chronic painful conditions. The injury is 15 years old. There is no documentation of an acute exacerbation. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, and guidelines non-recommendations for chronic pain, 1 ketorolac injection 60 mg with lidocaine 1ml to the upper arm or upper buttock is not medically necessary.