

Case Number:	CM15-0208773		
Date Assigned:	10/27/2015	Date of Injury:	12/05/2011
Decision Date:	12/09/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/22/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 year old female, who sustained an industrial-work injury on 12-5-11. She reported initial complaints of right knee, left hip, lower back, and left knee meniscus. The injured worker was diagnosed as having lumbar disc degeneration, degenerative joint disease of knee, and carpal tunnel syndrome, anxiety, and insomnia. Treatment to date has included medication, surgery (status post right-left shoulder scope, carpal tunnel release), and diagnostics. MRI results were reported on 6-2015 that revealed 7.1 mm disc herniation at L5-S1. Currently, the injured worker complains of low back pain and bilateral knees and rates the pain level at 6 out of 10. There is numbness, tingling, and locking in the knees. Medication includes Ultram 50 mg, Prilosec, and Cymbalta. Per the orthopedic report on 10-6-15, noted a schedule for a right total knee arthroplasty for 11-12-15. Exam revealed lumbar range of motion is limited, positive straight leg raise at 70 degrees bilaterally, absent deep tendon reflexes for the knees and ankles, hypoesthesia at the anteriolateral aspect of the foot and ankle of the incomplete nature at L4-S1 dermatome distribution bilaterally. The right knee has range of motion 0-95 degrees, positive McMurray's and Apley's tests, positive anterior drawer and positive chondromalacia patella compression test. The left knee extends to 120 degrees of flexion. 3 degrees of varus deformity, positive McMurray's, positive medial and lateral joint line tenderness, and positive anterior drawer test, positive chondromalacia patella compression test. The Request for Authorization requested service to include Toradol injection 60mg and office visit monthly every 30 days, 12 total. The Utilization Review on 10-22-15 denied the request for Toradol injection 60mg and modified office visit monthly #3, one every 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol injection 60mg: 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), Pain Chapter, Ketorolac (Toradol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Academic Emergency Medicine, Vol 5, pages 118-122.

Decision rationale: The current request is for Toradol injection 60MG. Treatment to date has included medication, lumbar epidural steroid injection, surgery (status post right-left shoulder scope, carpal tunnel release), physical therapy and diagnostics. MTUS Guidelines, NSAIDs, specific drug list & adverse effects Section, page 72, regarding Toradol states: "Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions." Academic Emergency Medicine, Vol 5, pages 118-122, "Intramuscular Ketorolac vs. oral ibuprofen in emergency department patients with acute pain" study demonstrated that there is no difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain. Per report 1/06/15, the patient presents with chronic low back and right knee pain. The patient has been scheduled for a right total knee arthroplasty on 11/12/15. Examination on this date revealed lumbar range of motion is limited, positive straight leg raise at 70 degrees bilaterally, absent deep tendon reflexes for the knees and ankles, and hypoesthesia at the anteriolateral aspect of the foot and ankle. The right knee has decreased range of motion, positive McMurray's, Apley's tests, anterior drawer and positive chondromalacia patella compression test. The patient reported poor response to the LESI. The patient was given a Toradol 60mg IM "for pain." In this case, such injections are not indicated for chronic pain conditions and there is no discussion of acute flare-up for which IM Toradol could be considered appropriate. While this patient presents with significant pain complaints, this medication is not recommended for chronic pain, and in the absence of acute flare-up, the requested injection is not supported. The request IS NOT medically necessary.

Office visit monthly every 30 days, 12 total: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: The current request is for office visit monthly every 30 days, 12 total. Treatment to date has included medication, lumbar epidural steroid injection, surgery (status post right-left shoulder scope, carpal tunnel release), physical therapy and diagnostics. MTUS Chronic Pain Guidelines 2009, page 8, Introduction Section, Pain Outcomes and Endpoints, Regarding follow-up visits states that the treater "must monitor the patient and provide appropriate treatment recommendations." Per report 1/06/15, the patient presents with chronic low back and right knee pain. The patient has been scheduled for a right total knee arthroplasty on 11/12/15. Examination on this date revealed lumbar range of motion is limited, positive straight leg raise at 70 degrees bilaterally, absent deep tendon reflexes for the knees and ankles, and hypoesthesia at the anteriolateral aspect of the foot and ankle. The right knee has decreased range of motion, positive McMurray's, Apley's tests, anterior drawer and positive chondromalacia patella compression test. The treater has requested 12 follow up visits, every 30 days. While MTUS does not explicitly state how many follow-up visits are considered appropriate, regular follow up visits are an appropriate measure. The patient is scheduled to undergo a right total knee arthroplasty on 11/12/15, and the provider is justified in seeking re-assessments to monitor the patient's condition. Therefore, the request IS medically necessary.