

Case Number:	CM15-0208948		
Date Assigned:	10/27/2015	Date of Injury:	09/18/2012
Decision Date:	12/09/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/23/2015

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: Pennsylvania

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 57 year old female who sustained an industrial injury on 9-18-12. She is not working. The injured worker has been treated for osteoarthritis of the right knee; tear medial meniscus right knee; musculoligamentous sprain, cervical and lumbar spine; herniated disc cervical spine; ligamentous injury, right ankle; arthrosis of acromioclavicular joint with advanced cartilage loss left shoulder; disc bulge L4-5 and L5-S1; tear rotator cuff, left shoulder; acromioclavicular joint osteoarthritis, left shoulder. She currently (9-14-15) complains of constant neck pain with radiation to the left shoulder and occasional limited range of motion; constant pain and swelling of the left shoulder, popping with movement and weakness of the arm with limited range of motion of the left shoulder; intermittent low back pain radiating across the back and down both legs with numbness to the legs with prolonged standing; occasional right ankle pain with cracking and swelling with walking; constant right knee pain and swelling with locking with cracking giving out. The physical exam revealed right knee crepitus medially, laterally and under the patella; tenderness over the acromioclavicular joint, left shoulder. The physical exams and symptoms from 4-20-15 through 9-14-15 were unchanged. Pain levels were not enumerated. Treatments to date include omeprazole, Tylenol. The request for authorization dated 9-18-15 was for Ketoralac 60mg with Lidocaine 1 milliliter to relieve the injured worker's left shoulder and right knee symptoms. On 9-25-15, Utilization Review non-certified the request for Ketoralac 60mg with Lidocaine 1 milliliter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketorolac 60 mg with Lidocaine 1 ML: 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 (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS specifically states that Ketorolac is not indicated for minor or chronic pain conditions. Ketorolac, in this case is requested to relieve left shoulder and right knee symptoms. The medical record indicates no change in symptoms or exam findings over several months, which indicates that these symptoms are due to chronic pain. Ketorolac in this case is not medically necessary.