

Case Number:	CM15-0212524		
Date Assigned:	11/02/2015	Date of Injury:	05/22/1997
Decision Date:	12/22/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	10/28/2015

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, Ohio, 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 53 year old male who sustained an industrial injury May 22, 1997. Past history included status post L4-5 fusion 2005, status instrumentation removal 2007, status post lumbar fusion L4-S1 2014 and status post left carpal tunnel release. Diagnoses are chronic low back pain; bilateral carpal tunnel syndrome; status post lumbar surgery. According to the most recent primary treating physician's progress report dated September 8, 2015, the injured worker presented for follow-up with complaints of pain in the right shoulder, on average rated 8 out of 10 since his back surgery. He rated the pain 10 out of 10 without medication and 4 out of 10 with medication. He also complains of moderate back pain and is wearing a lumbar brace. Current medication included Norco, Soma, Vicodin ES, Ambien, and Metformin. Physical examination revealed; right and left wrists- positive Tinel's and Phalen's, bilaterally; back- intact surgical scar, tenderness on palpation with decreased range of motion; right shoulder- pain increased with flexion and extension, limited range of motion and positive lift-off; decreased sensation to pinprick at the bilateral upper and lower extremities; normal gait with fair toe-heel walk. Treatment plan included an intramuscular injection of Toradol 60mg for pain (another injection administered during the July 14, 2015 office visit). At issue, is a request for authorization for Toradol. A urine toxicology report dated July 14, 2015 is present in the medical record and documented positive and inconsistent for Carisoprodol, Hydrocodone, Dihydrocodeine, and Norhydrocodone. According to utilization review dated October 23, 2015, the request for (1) Toradol 60mg injection for the right shoulder is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Toradol 60mg Injection for the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter; Shoulder (Acute & Chronic), Ketorolac (Toradol); NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: MTUS discusses indications for the NSAID Toradol. This guideline emphasizes an FDA black box warning stating that this medication is not indicated for minor or chronic painful conditions. Neither the records nor the treatment guidelines provide a rationale for this medication in the current chronic time-frame. The request is not medically necessary.