MAXIMUS Federal Services

Case Number:	CM15-0221381		
Date Assigned:	11/16/2015	Date of Injury:	03/27/2014
Decision Date:	12/30/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/10/2015

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: North Carolina, Georgia
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 55 year old male, who sustained an industrial-work injury on 3-27-14. A review of the medical records indicates that the injured worker is undergoing treatment for cervicalgia, neck pain, cervical spondylosis, displacement of cervical intervertebral disc and chronic pain syndrome. Treatment to date has included pain medication, MAPAP, Cymbalta, Bupropion with little relief, Transcutaneous electrical nerve stimulation (TENS), acupuncture 6 sessions with diminished pain, work modifications and other modalities. EMG-NCV (electromyography and nerve conduction velocity) testing was performed on 8-5-15 of the right upper extremity reveals evidence of right moderate median neuropathy. Medical records dated 10-26-15 indicate that the injured worker complains of flare up of pain and burning sensation at times bones lock when lying down and wife has to move him to get up out of bed. The pain is rated 7 out of 10 on the pain scale which is unchanged from previous visits. Per the treating physician report dated 9-14-15 the work status is modified duties. The physical exam dated 7-1-15 reveals decreased cervical range of motion and positive tenderness to palpation in the cervical paraspinal muscles. The medical records do not indicate decreased pain, increased level of function or improved quality of life. The medical record dated 10-26-15 has no physical exam. The physician does not indicate concerns of abuse of the medications, intolerance to the medications or monitoring of urine drug testing. The request for authorization date was 10-26-15 and requested service included Retro DOS 10-26-15 Toradol 60mg IM Injection, Right Deltoid. The original Utilization review dated 11-3-15 non-certified the request for Retro DOS 10-26-15 Toradol 60mg IM Injection, Right Deltoid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS 10/26/15 Toradol 60mg IM Injection, Right Deltoid: 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, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Toradol.

Decision rationale: CA MTUS indicates that Toradol is not to be used for minor of chronic painful conditions. ODG section on Pain, Toradol indicates that intramuscular Toradol may be used an alternative to opioid injection for acutely painful conditions. In this case, the medical record states that he claimant has had a "flare" but not otherwise indicate what body part is involved in the flare, what previous interventions have been taken and does not describe any physical examination to assess the "flare". As the medical record does not contain a justification of ruse of Toradol injection, it is not medically necessary and is denied.