

<b>Case Number:</b>	CM15-0050439		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	04/08/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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 (IW) is a 34-year-old female who sustained an industrial injury to the bilateral shoulders due to cumulative trauma on 04/08/2014. Diagnoses include impingement syndrome, bilateral lateral epicondylitis, PN bilateral carpal tunnel syndrome and cervical sprain/strain. Treatment to date has included medications, injections to the left shoulder and activity modification. Diagnostics performed to date included x-rays and MRIs. According to the Orthopedic Consultation Report dated 2/16/15, the IW reported intractable bilateral shoulder pain and numbness in the left upper extremity, going to her neck. An injection of Depo-Medrol was given on 2/9/15 into the left shoulder for pain control; the IW stated prescribed pain medication was not effective. 30% to 40% pain reduction was reported after the injection. An injection of Toradol was given on 2/16/15 due to acute pain; a retrospective request for Ketorolac Tromethamine 60mg injection was made for date of service 2/16/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro (DOS 2/16/15): Ketorolac Tromethamine 60mg injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Effective July 18, 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, Section: Pain (Chronic ) (updated 1/19/2015).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac  
Page(s): 72.

**Decision rationale:** The patient presents with a flare-up of symptoms on the left shoulder. The pain is described as constant dull, aching, stabbing and throbbing. The request is for Retro Dos 02/16/15 Ketorolac Tromethamine 60mg Injection. There is no RFA provided and the date of injury is 04/08/14. Per 02/16/15 report, the patient has a diagnoses of impingement syndrome, bilateral lateral epicondylitis, PN bilateral carpal tunnel syndrome and cervical sprain/strain. Physical examination to the left shoulder revealed marked tendinosis with low grade interstitial tearing of the supraspinatus tendon. The patient is temporarily totally disabled. MTUS states on pg.72, Ketorolac "This medication is not indicated for minor or chronic painful conditions." Academic Emergency Medicine, Vol 5, 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 02/16/15 report, treater states, "The patient has an acute or chronic situation and needs pain control. The options were ER visit, heavy narcotics, or a Toradol injection and the patient chose a Toradol injection." However, treater has not documented why the patient needs Toradol injection as opposed to taking oral NSAIDs, which provides comparable level of analgesia. Additionally, MTUS does not recommend this medication for "chronic painful conditions." Therefore, the request IS NOT medically necessary.