

Case Number:	CM15-0059240		
Date Assigned:	05/05/2015	Date of Injury:	01/01/2004
Decision Date:	06/03/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old female, who sustained an industrial injury on 1/1/04. Many of the submitted medical records are difficult to decipher. The injured worker was diagnosed as having chronic regional pain syndrome. Treatment to date has included medications and Cortisone injections. A physician's report dated 3/2/15 noted pain was rated as 7-8/10. Currently, the injured worker complains of right foot and leg pain. The treating physician requested authorization for 1 intramuscular injection of Toradol 60mg/Depomedrol 60mg/MS 10mg/Valium 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

One IM injection of Toradol 60mg/60mg Depomedrol/MS 10mg/Valium 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60.

Decision rationale: Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, this medication is not medically necessary.