

Case Number:	CM15-0081544		
Date Assigned:	05/04/2015	Date of Injury:	03/19/2010
Decision Date:	06/04/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/29/2015

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
 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 49 year old female, who sustained an industrial injury on March 19, 2010. She reported neck pain and headaches. The injured worker was diagnosed as having cervicobrachial syndrome, myofascial pain and chronic pain syndrome. Treatment to date has included diagnostic studies, pain rehabilitation program, conservative therapies, medications and work restrictions. Currently, the injured worker complains of headaches, neck pain, bilateral upper extremity pain, low back pain, anxiety and depression. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on September 22, 2014, revealed continued pain as noted. She reported some improvement with the rehabilitation program. Evaluation on December 9, 2014, revealed continued pain with associated symptoms. A retrospective request for 1 injection of Ketorolac Tromethamine 60mg was made for the date of service March 30, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS: 3.30.15) for 1 injection of Ketorolac Tromethamine 60mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ketorolac
Page(s): 70-71.

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy and chronic pain states: Recommended with cautions below. Disease-State Warnings for all NSAIDs: All NSAIDs have [U.S. Boxed Warning]: for associated risk of adverse cardiovascular events, including, MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs should never be used right before or after a heart surgery (CABG - coronary artery bypass graft). NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment (FDA Medication Guide). See NSAIDs, GI Symptoms and Cardiovascular Risks. Other disease-related concerns (non-boxed warnings): Hepatic: Use with caution in patients with moderate hepatic impairment and not recommended for patients with severe hepatic impairment. Borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. Renal: Use of NSAIDs may compromise renal function. FDA Medication Guide is provided by FDA mandate on all prescriptions dispensed for NSAIDs. Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. Overall Dosing Recommendation: It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. Specific NSAID Classes are outlined below: Ketorolac (Toradol, generic available): [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions. This medication is not indicated for minor pain or chronic painful conditions. The injection request meets criteria as outlined above and therefore is medically necessary.