MAXIMUS Federal Services

Case Number:	CM15-0234560		
Date Assigned:	12/10/2015	Date of Injury:	09/06/1997
Decision Date:	01/15/2016	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	12/01/2015

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, Massachusetts
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 9-6-1997 and has been treated for left knee lateral meniscus tear, osteoarthritis, and subluxation of the left patella. She also has a diagnosis of deep vein thrombosis of the left leg. The injured worker is status post left total knee replacement with lateral release dated 3-3-2003. On 10-27-2015, the injured worker reported left knee pain with a pain rating of 8 out of 10 with "rare popping." Significant objective findings include left knee moderate joint effusion. Documented treatment includes Aspirin, Orphenadrine, Hydrocodone Omeprazole, and the injured worker takes over-the-counter Naprosyn for 2-3 days after receiving Toradol injections to relieve symptoms. Toradol injections are noted to reduce pain for up to 6-7 days. She was given an injection at this visit 10-27-2015. Prior injections are noted 9-23-2015, 8-29-2015, and 7-8-2015. The treating physician's plan of care includes a retrospective request for Ketorolac 60mg with Lidocaine injection provided at the 10-27-2015 visit, which was denied on 11-2-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Ketorolac 60mg with Lidocaine 1ml injection: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory

drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Ketorolac (Toradol).

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

Decision rationale: Ketorolac is a NSAID medication that according to the cited guidelines is not indicated for chronic musculoskeletal pain. The IW has a 19 year old injury which is stable and she continues to have chronic left knee pain. During the time of the injection, the IW was also taking another NSAID, oral naprosyn. Combined use of both NSAIDs could result in side effects such as GI bleeding and ulcers. Considering that the IW was already taking the same class of medication and ketorolac is not recommended in chronic pain, the requested injection was not medically necessary.