

Case Number:	CM15-0244114		
Date Assigned:	12/23/2015	Date of Injury:	04/07/1999
Decision Date:	01/29/2016	UR Denial Date:	12/11/2015
Priority:	Standard	Application Received:	12/15/2015

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: New Jersey, New York

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:

This is a 60 year old female with a date of injury on 4-7-99. A review of the medical records indicates that the injured worker is undergoing treatment for multiple chronic orthopedic complaints. Progress report dated 10-22-15 reports continued complaints of right shoulder, lower back, and right thigh pain described as aching and rated 5 out of 10. Quality of sleep is fair averaging 4-6 hours per night. For pain relief she tries home exercise, ice heat, breathing relaxation and pacing. No new injury and activity level is the same. She states continued benefit from pain medications. Objective findings: lumbar spine with decreased lordosis without scoliosis, tenderness noted over the lower back in the posterior and superior iliac spines, negative straight leg bilaterally, tenderness noted in the cervical paraspinal muscles. Continued current medication with methadone and norco, continue home exercise program and follow up in 4-6 weeks. Progress report dated 12-2-15 reports Toradol injection performed. Request for authorization was made for Toradol injection, right shoulder, 30 mg/ml, Qty 1 (retrospective DOS 12/2/15). Utilization review dated 12-11-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol injection, right shoulder, 30 mg/ml, Qty 1 (retrospective DOS 12/2/15): 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 (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: The request is considered not medically necessary. The patient has chronic shoulder, lumbar pain that has remained unchanged since the last visit. According to MTUS guidelines, it is not indicated for chronic painful conditions. The patient first had the injury in 1999. There has been no acute exacerbation of the pain. Therefore, the request is not medically necessary.