

<b>Case Number:</b>	CM14-0211536		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	05/25/2011
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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: Orthopedic Surgery

### 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 55-year-old female with a 5/25/11 date of injury. The patient was seen on 12/1/14 where she had completed 3/8 PT sessions and reported a decrease in pain, which she describes as a 7-8/10. The patient was noted not to be taking her NSAIDS as directed. Exam findings revealed a decrease in the range of motion of the right shoulder in all planes with a positive impingement sign and tenderness to palpation of the AC joint. Toradol was administered on this visit. The patient was also prescribed Motrin and Norco. The diagnosis is lumbar contusion, cervical strain, right shoulder infraspinatus tear s/p arthroscopy on 8/14/14 with right shoulder pain, and A L4-5 HNP. Treatment to date has included medications, surgery, and 3 sessions of PT. The UR determination letter dated 12/8/14 denied the request for unknown reasons.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toradol Injection 60mg, IM (intramuscular) x 1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

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

**Decision rationale:** The FDA states that Ketorolac is indicated for the short-term (up to 5 days in adults), management of moderately severe acute pain that requires analgesia at the opioid level and only as continuation treatment following IV or IM dosing of Ketorolac tromethamine. This patient has been in 7-8/10 pain despite starting physical therapy secondary to her right shoulder. She was administered 60 mg IM of Toradol once, which is appropriate for acute pain. Therefore, the request for a Toradol Injection 60 mg IM x1 was medically reasonable.