

<b>Case Number:</b>	CM15-0011668		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 male with an industrial injury dated 09/10/2013. His diagnoses include status post hand/wrist/forearm blunt trauma crush injury, left distal radius complex fracture, left wrist complex fracture, left ulnar neuropathy, left median neuropathy, left finger flexion contracture with intrinsic tightness, left carpal tunnel syndrome, left wrist flexor tenosynovitis, and status post left wrist arthroscopy with an open reduction internal fixation. Recent diagnostic testing has included nerve conduction studies (11/20/2014) which showed mild to moderate primary sensory and motor demyelinating left carpal tunnel syndrome. He has been treated with conservative care, medications, surgery, and physical therapy. In a progress note dated 12/10/2014, the treating physician reports pain to the backside of the left wrist with decreased range of motion, limited strength in the left upper extremity, and dropping of objects with the left hand, despite treatment. The objective examination revealed a positive medial nerve compression test, inability to complete Phalen's test on the left side, decreased light touch sensation over the median nerve distribution. The treating physician is requesting Ketorolac (Sprix) which was denied by the utilization review. On 01/05/2015, Utilization Review non-certified a request for Ketorolac (Sprix ), noting the that this medication is used in the acute setting which is not the case with this injured worker. The MTUS ACOEM Guidelines were cited. On 01/21/2015, the injured worker submitted an application for IMR for review of Ketorolac (Sprix).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketorolac (Sprix):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Ketorolac

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), page(s) Page 22.

**Decision rationale:** Ketorolac tromethamine (Sprix), a nonsteroidal anti-inflammatory drug (NSAID), is indicated for the short-term management of moderately severe acute pain that requires analgesia at the opioid level. Ketorolac is not indicated for minor or chronic painful conditions. Report from the provider noted ongoing chronic pain symptoms with listed medications. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to for the Ketorolac for chronic pain without demonstrated acute flare-up. The Ketorolac (Sprix) is not medically necessary and appropriate.