

Case Number:	CM15-0116740		
Date Assigned:	06/23/2015	Date of Injury:	05/13/2004
Decision Date:	07/24/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/15/2015

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: Texas, New York, California
 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 applicant is a represented 52-year-old who has filed a claim for chronic neck, shoulder, and hand pain reportedly associated with an industrial injury of May 13, 2004. In a Utilization Review report dated June 15, 2015, the claims administrator failed to approve a request a Toradol injection apparently performed on May 8, 2015. The applicant's attorney subsequently appealed. On December 15, 2014, the applicant reported ongoing complaints of neck, shoulder, and low back pain, 8/10. The applicant was on Norco, tramadol, Prilosec, Ativan, and Motrin, it was reported. The applicant's pain complaints were reportedly severe, it was suggested. Physical therapy, tramadol, Ativan, Norco, and a urine drug testing were endorsed. The applicant's permanent work restrictions were renewed. It did not appear that the applicant was working with said permanent limitations in place, although this was not explicitly stated. On January 12, 2015, the applicant again reported ongoing complaints of neck, shoulder, and low back pain. Neurontin, tramadol, eight sessions of physical therapy, Norco, and permanent work restrictions were renewed. On May 29, 2015, the applicant again reported multifocal complaints of neck, shoulder, and arm pain. The applicant was not working, it was acknowledged. A cervical traction device, lumbar epidural injection, acupuncture, Norco, and permanent work restrictions were renewed. There was no mention of the need for a Toradol injection on this date. The remainder of the file was surveyed on several occasions. It did not appear that the May 8, 2015 office visit on which the Toradol injection transpired was incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intramuscular injection of Toradol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Ketorolac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available) Page(s): 72. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg 942.

Decision rationale: No, the request for an intramuscular injection of Toradol reportedly performed on May 8, 2015 is not medically necessary, medically appropriate, or indicated here. While the MTUS does not address the topic of injectable Toradol, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does note that oral ketorolac or Toradol is not indicated for minor or chronic painful conditions. By analogy, thus, injectable ketorolac or Toradol is likewise not indicated for minor or chronic painful conditions. While the Third Edition ACOEM Guidelines Chronic Pain Chapter acknowledges that a single dose of injectable ketorolac is a useful alternative to a single moderate dose of opioids in applicants who present to the Emergency Department with severe musculoskeletal pain, here, however, the May 8, 2015 progress note on which the Toradol injection was apparently administered was not incorporated into the IMR packet. There was no mention of the applicant's having an acute flare or severe flare in pain complaints on or around the date in question. The progress notes on file, in short, failed to support or substantiate the request. Therefore, the request is not medically necessary.