

Case Number:	CM15-0122860		
Date Assigned:	07/07/2015	Date of Injury:	07/15/2010
Decision Date:	08/10/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/25/2015

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 65 year old female, who sustained an industrial injury on 7/15/10. Initial diagnosis and symptoms experienced were not included. Treatment to date has included surgery, MRI, CT scan, x-rays, urine drug screen, physical therapy, bone growth stimulator and medication. Currently, the injured worker complains of neck pain and spasms, and numbness in her left upper extremity. She reports feeling depressed. The injured worker is currently diagnosed with cervical herniated nucleus pulposus (discs) C5-C6 and C6-C7, post ACDF C5-C7 and post left shoulder surgery. Her work status is temporarily totally disabled. In a note dated 5/13/15, it states the injured worker reports a decrease in pain with medication, 5/10 with and 9/10 without. Her complaint of neck spasms is managed with a muscle relaxer. She reports efficacy with Toradol and per the same note she reports it has been very helpful. The note also states the injured worker's pain level is manageable with medication. An examination, on the same day, reveals normal reflex, sensory and strength testing to bilateral upper and lower extremities. Her gait is normal and she is able to heel walk and toe walk. She does have cervical spasms and the range of motion is decreased by 40%. The range of motion in her left shoulder is decreased by 20%, per the same note. The note also states the current medication regimen allows the injured worker to maintain her self-care and engage in activities of daily living. Notes dated 2/2/15, 3/16/15 and 4/15/15 there is documentation regarding efficacy experienced by the injured worker from Toradol. The notes also state she is currently weaning off opioid medication. A physical therapy note dated 1/28/15 states the injured worker tolerated the treatment. The

medication, Toradol 60 mg injection (date of service 5/13/15), is requested to continue to provide the injured worker relief from her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Toradol injection IM (DOS 05/13/2015) for neck pain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ketorolac (Toradol).

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

Decision rationale: Based on the 05/13/15 progress report provided by treating physician, the patient presents with neck pain and numbness in the left upper extremity rated 5/10 with and 9/10 without medications. The patient is status post ACDF C5-C7 12/02/10, and C4-6 revision 09/04/14. The request is for Retrospective Toradol Injection IM (DOS 05/13/2015) For Neck Pain. Patient's diagnosis per Request for Authorization form dated 05/14/15 includes cervical disc displacement. Physical examination on 05/13/15 revealed cervical spasms and decreased range of motion by 40%. Treatment to date included surgeries, urine drug screen, physical therapy, bone growth stimulator and medications. Patient's medications include Cymbalta, Naproxen and Cyclobenzaprine. The patient is temporarily totally disabled, per 05/13/15 report. MTUS states on pg.72, Ketorolac "This medication is not indicated for minor or chronic painful conditions." Academic Emergency Medicine, Vol 5, 118-122, Intramuscular ketorolac vs oral ibuprofen in emergency department patients with acute pain, study demonstrated that there is "no difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain." UR letter dated 08/26/15 states "the notes provided do not indicate how long prior injections provided relief and it does not appear that pain medications were reduced." Per 05/13/15 report, treater states "the IM Toradol has been very helpful and [the patient] needs another. Toradol 60mg. IM for pain flare up, not for chronic use." The patient has been prescribed Naproxen "to take first line for pain and inflammation as the patient has failed OTC NSAIDs including aspirin and ibuprofen. In this case, treater indicated the injection was for an acute episode of pain but there is lack of any support from the guidelines for the use of this medication for chronic pain. Oral Ibuprofen appears as good as IM Toradol for acute pain according to one study. The request is not medically necessary.