

Case Number:	CM15-0069816		
Date Assigned:	04/17/2015	Date of Injury:	09/04/2012
Decision Date:	05/18/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/13/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 63 year old female, who sustained an industrial injury on 09/04/2012. She has reported subsequent wrist, shoulder and neck pain and was diagnosed with carpal tunnel syndrome, shoulder impingement, cervical radiculopathy and rotator cuff tear. Treatment to date has included oral and topical pain medication, TENS unit, application of heat, physical therapy and a home exercise program. In a progress note dated 02/12/2015, the injured worker complained of neck and right shoulder pain that was rated as 6/10. Objective findings were notable for decreased range of motion of the neck and shoulder. A request for authorization of Toradol injection was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS2/25/15) Toradol Injection 60mg Qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 72.

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

Decision rationale: Retrospective (DOS2/25/15) Toradol Injection 60mg Qty 1.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Ketorolac (Toradol, generic available) is not indicated for minor or chronic painful conditions. The documentation indicates that the patient has a chronic condition. The request is therefore not medically necessary as this medication is not to be used in chronic painful conditions.