

Case Number:	CM15-0072015		
Date Assigned:	04/22/2015	Date of Injury:	03/21/2002
Decision Date:	06/11/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/15/2015

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: California

Certification(s)/Specialty: Family Practice

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 59 year old female, who sustained an industrial injury on March 21, 2002. She reported neck pain. The injured worker was diagnosed as having cervicalgia, carpal tunnel syndrome, cervical disc degeneration, anxiety and post-traumatic stress disorder. Treatment to date has included radiographic imaging, diagnostic studies, acupuncture, physical therapy, pain injections, medications, psychiatric care and work restrictions. Currently, the injured worker complains of neck pain with radiating pain, weakness, tingling and numbness to the bilateral upper extremities, sleep disruptions, depression and post-traumatic stress disorder. The injured worker reported an industrial injury in 2002, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on March 24, 2015, revealed continued pain as noted. A pain medication injection was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol IM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72.

Decision rationale: According to the MTUS guidelines, Ketorolac (Toradol, generic available) is not indicated for minor or chronic painful conditions. In this case, the medical records indicate that the injured worker is being followed for chronic pain. Given that Toradol is not supported for chronic conditions, the request for Toradol injection would not be supported. The request for Toradol IM is not medically necessary and appropriate.