

<b>Case Number:</b>	CM15-0096097		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	01/03/2002
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: Emergency 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:

This 60 year old male sustained an industrial injury on 1/3/02. He subsequently reported neck and left shoulder pain. Diagnoses include herniated nucleus pulposus in the cervical spine, cervical and lumbar radiculopathy and cervical spine stenosis. Treatments to date include MRI and x-ray testing, physical therapy and prescription pain medications. The injured worker continues to experience left shoulder pain and weakness and neck pain and stiffness. Upon examination, there was tenderness over the anterolateral aspect of the shoulder and bilateral trapezial muscles. Cervical spine and left shoulder ranges of motion were reduced. Positive impingement sign was noted. A request for Toradol injection 60mg with 6cc of Lidocaine with Epinephrine was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toradol injection 60mg with 6cc of Lidocaine with Epinephrine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), PAIN (Chronic), Ketorolac (Toradol).

**Decision rationale:** Toradol injection 60mg with 6cc of Lidocaine with Epinephrine is not medically necessary. CA MTUS is silent. Official Disability Guidelines (ODG), PAIN (Chronic), Ketorolac (Toradol) note that it is only recommended for short-term use in the treatment of acute pain and is not indicated in the treatment of minor or chronic pain. The injured worker has left shoulder pain and weakness and neck pain and stiffness. Upon examination, there was tenderness over the anterolateral aspect of the shoulder and bilateral trapezial muscles. Cervical spine and left shoulder ranges of motion were reduced. Positive impingement sign was noted. The treating physician has not documented the presence of an acute pain condition. The criteria noted above not having been met, Toradol injection 60mg with 6cc of Lidocaine with Epinephrine is not medically necessary.