

Case Number:	CM15-0099193		
Date Assigned:	06/01/2015	Date of Injury:	07/30/1998
Decision Date:	07/07/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/22/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 64-year-old female injured worker suffered an industrial injury on 07/30/1998. The diagnoses included lumbago, lumbosacral disc degeneration, and cervicobrachial syndrome, and chronic pain syndrome, pain in the joint of the shoulder, upper arm and hand. The injured worker had been treated with medications. On 3/18/2015, the treating provider reported pain in the right side of her head, right sided neck pain, right shoulder pain and right arm pain rated 6 to 7/10. She complained of headaches, joint pain and numbness. The pain without medications was 8/10 and with medications 5/10. She received a Toradol injection for flare of neck pain in the office. The treatment plan included Retrospective Toradol injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Toradol injection (neck): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines NSAIDs, specific drug list.
 Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac
 Page(s): 127.

Decision rationale: According to MTUS guidelines, Toradol is not indicated in case of minor or chronic painful condition. There is no justification for the use of Toradol. There is clear evidence of breakthrough pain. Therefore the prescription of Retrospective Toradol injection (neck) is not medically necessary.