

Case Number:	CM13-0058489		
Date Assigned:	12/30/2013	Date of Injury:	05/12/1997
Decision Date:	04/08/2015	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/27/2013

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

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 63 year old female, who sustained a cumulative industrial injury from October, 1980 through December 31, 1997. She has reported pain in the neck upper back and right thumb. The diagnoses have included myofascial pain, right basilar joint arthropathy, status post rotator cuff repair, probable discogenic low back pain and right trigger thumb. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the shoulder and hand, conservative therapies, treatment modalities, pain medications and work restrictions. Currently, the IW complains of neck pain, back pain and thumb pain. The injured worker reported a cumulative industrial injury until 1997, resulting in chronic pain in the neck, back and thumb. She has been treated conservatively and surgically without complete resolution of the pain. Evaluation on February 3, 2013, revealed continued pain. Pain medications were renewed. In October, 2013, the pain continued and a TENS unit and pain injection were requested. On November 20, 2013, Utilization Review non-certified a request for Retrospective Toradol injection 60mg DOS: 10/2/13, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On November 26, 2013, the injured worker submitted an application for IMR for review of requested Retrospective Toradol injection 60mg DOS: 10/2/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Toradol injection 60mg DOS: 10/2/13: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. Ketorolac (Toradol) is an NSAID typically use in injectable form for acute pain, and is not indicated for minor or chronic painful conditions. The oral form is only recommended to be used for short durations (up to 5 days) in management of moderately severe acute pain, and should not be given as an initial dose, but only as a continuation after an intravenous or intramuscular dose. In the case of this worker, the ketorolac 60 mg was injection due to her recent exacerbation of her low back pain. In the opinion of this reviewer, there was sufficient evidence presented to warrant this ketorolac injection as she was experiencing an acute flare-up of pain. Therefore, the Toradol injection 60 mg from 10/2/13 was medically necessary.