

Case Number:	CM13-0017795		
Date Assigned:	10/11/2013	Date of Injury:	05/03/2011
Decision Date:	01/16/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	08/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 25-year-old female who sustained a work-related injury on 05/03/2011. The progress report dated 06/26/2013 documented 6/10 pain, worsening numbness in the bilateral toes, and right leg pain that remained worse on the right. The patient's diagnoses included herniated nucleus pulposus L4-5, status post L4-5 decompression, and recurrent disc herniation versus post-laminectomy instability. The treatment plan included a repeat ESI, urine drug screen, medication refills, and Toradol 60 mg intramuscularly. The most recent progress report dated 07/24/2013 documented subjective complaints of 5/10 pain. The progress report indicated the patient underwent an epidural steroid injection and had 75% pain relief and returned to work. Objective findings revealed mild weakness and numbness at L5 bilaterally, inability to heel-toe walk, positive lumbar tenderness, and decreased range of motion. The treatment plan included medication refills and continuation of home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intramuscular injection (IM) Toradol 60mg (DOS 6/26/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Definitions "Functional Improvement". Decision based on Non-MTUS Citation ODG: Ketorolac

Decision rationale: The California MTUS Guidelines indicate that ketorolac is not indicated for minor or chronic painful conditions. The clinical information submitted for review suggests that the patient's pain is chronic in nature and made no indications of an acute flare up. Additionally, the patient's pain appeared to be stable on the current medication regimen. As such, the request for Intramuscular injection (IM) Toradol 60 mg is non-certified.