

Case Number:	CM13-0029247		
Date Assigned:	11/01/2013	Date of Injury:	08/30/2010
Decision Date:	02/13/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/25/2013

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 Orthopedic Surgery 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:

This claimant is a 43-year-old gentleman injured in a work-related accident August 30, 2010. The specific request at present in this case is for continued use of Toradol. The records for review indicated a July 11, 2013 assessment where the claimant was diagnosed with cervical strain, cervical herniated disc, bilateral shoulder impingement, left ankle strain, and a left knee tendinosis. The recommendations at that time were for an MR arthrogram of the shoulder as well as continuation of medication management in the form of Norco, Flexeril, as well as an intramuscular injection of Toradol. The records specifically indicated the use of the Toradol injection as performed at that clinical visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for Toradol 60mg (no QTY stated): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20 - 9792.26 Page(s): 71 of 127.

Decision rationale: Based on California MTUS Chronic Pain 2009 Medical Treatment Guidelines, the use of Toradol in the chronic setting is not indicated. Toradol actually comes

with a boxed warning that states, "Medication is not indicated for minor or chronic painful conditions." Given the claimant's clear documentation of a chronic clinical course of care, the acute need of Toradol injections at this stage in the clinical course would not be indicated by MTUS Chronic Pain Guideline criteria as well as by boxed warning on the specific medication in question.