

Case Number:	CM13-0029293		
Date Assigned:	11/01/2013	Date of Injury:	07/31/2012
Decision Date:	01/28/2014	UR Denial Date:	09/19/2013
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 PM&R, 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 underlying date of injury in this case is 07/31/2012. This patient is a 30-year-old man who was evaluated on 09/03/2013 regarding an exacerbation of pain in the left hip. No specific objective findings were noted at that time on physical exam. The medical records indicate that this patient has been treated with Toradol injections previously on 08/21/2013 and 08/30/2013 in addition to opioid medications. An initial physician review indicated that intramuscular Toradol was not indicated for the date of service of 08/30/2013. A CT of the left hip of 09/26/2013 noted the patient was status post reduction of a 2-column acetabular fracture. A followup note of 10/29/2013 clarifies that this patient was initially injured when he fell through a roof and developed a penetrating injury from a pipe which went through his abdomen, his bladder, and the left side of his acetabulum and iliac wing. At that time, the patient ambulated with a non-antalgic gait. He had improved strength in the first dorsal interossei at 3/5 and 3+ at the abductor digiti minimi. At that time, the patient was advised to avoid all oral antiinflammatory medications due to a history of gastrointestinal upset.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 Toradol injection 60 mg IM: 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 on Anti-inflammatory Medications/Toradol Page(s): 72.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Anti-inflammatory Medications/Toradol, page 72, states, "Toradol: Boxed Warning: This medication is not indicated for minor or chronic painful conditions." This medication has a substantial risk of gastrointestinal side effects. The treatment guidelines do not support the use of Toradol in the current chronic situation, particularly given a reported history of gastrointestinal side effects from antiinflammatory medication. Overall this request is not medically necessary.