

Case Number:	CM13-0036110		
Date Assigned:	12/13/2013	Date of Injury:	09/29/2011
Decision Date:	02/21/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/18/2013

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 Internal Medicine and is licensed to practice in New York. 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 sustained a work related injury on 08/29/2011. The mechanism of injury was a strain to the lumbar spine. He has a diagnosis of chronic low back pain. MRI of the lumbar spine obtained 12/16/2011 revealed multilevel degenerative changes greatest at L5-S1. Degenerative changes were also noted at the lower thoracic spine in the thoracolumbar junction. He is treated with Oxycontin, Oxycodone, and Xanax for pain control. The treating provider requested 4 Ketorolac (Toradol) injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Ketorolac Tromethamine (Toradol) 60mg/2 ml) 2 ml injections: Upheld

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

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

Decision rationale: There is no documentation provided that the requested Toradol injections. There is no specific indication for the requested medication. There is no indication from the clinical notations that the patient has previously used this medication. The patient is maintained on chronic opiate therapy for pain control. Per the California MTUS Guidelines, Toradol is not

indicated for minor or chronic pain conditions. Medical necessity for the requested service has not been established. The requested service is not medically necessary.