

Case Number:	CM13-0044759		
Date Assigned:	12/27/2013	Date of Injury:	06/08/2005
Decision Date:	03/26/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/01/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 57-year-old male who reported an injury on 06/08/2005. The mechanism of injury was noted to be the patient was 18 feet off the ground on a lift when 1 of the wheels of the lift fell in the hole into the ground and it caused the lift to fall to the side. The patient instinctively loosened his tool belt and jumped out of the lift. The patient was noted to land on a mound of dirt approximately 18 feet below. The patient was noted to lose consciousness and awoke at the hospital. As of the documentation on 09/11/2013, the patient had completed 10 sessions of aquatic therapy for the lumbar spine that increased the patient's flexibility, decreased the pain level by 65%, and decreased the pain medication consumption. The patient had continued neck pain that occurred intermittently with bilateral upper extremity radiculopathy symptoms, the right side was greater than left, and the pain occurred sporadically. The patient complained of mild constant mid back pain that fluctuated in intensity. The physical examination revealed the patient had a positive Spurling's test bilaterally and a positive foraminal compression test on the left position. The patient had a negative straight leg raise bilaterally in a sitting position. The patient had 4/5 quadriceps strength on the left. The patient had tenderness on the left paraspinal muscle region. The diagnoses were noted to include cervical thoracic strain/arthrosis with central foraminal stenosis, status post L2 fracture with posterior decompression and instrumented fusion at L1 through L3, neurologic diagnosis, internal medicine diagnosis, psychiatric diagnosis, and sleep disturbance secondary to pain and mental distress. The plan was noted to include continuation of a home exercise program and dispense medications including Toradol 50 mg 1 by mouth twice a day and omeprazole 20 mg daily along with referrals for a lumbar epidural steroid injection, and a 1-year gym membership with a warm pool to promote flexibility, strength, and prevent deconditioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: California MTUS Guidelines indicate that NSAIDs are appropriate for the treatment of pain. It is recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. The patient's pain level was not provided in the documentation submitted with the request for the requesting date of service, 09/12/2013. There was a lack of documentation indicating a necessity for Toradol 50 mg #60. The physician failed to document the rationale for the requested medication. Given the above, the request for TORADOL 50MG #60 is not medically necessary