

Case Number:	CM13-0047565		
Date Assigned:	12/27/2013	Date of Injury:	02/28/2012
Decision Date:	05/21/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurology has a subspecialty in Neuromuscular Medicine 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 expert 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 February 28 2012. She subsequently developed a chronic back pain. According to a note dated on July 23 2013, the patient continued to have back pain despite a spinal fusion at L5-S1 on February 5 2012. Her physical examination showed lumbar tenderness with limited range of motion, tenderness in the right greater trochanter. The patient was treated with pain medications and physical therapy. The patient was diagnosed with a chronic back pain. The provider requested authorization to prescribe Toradol IM.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE RETROSPECTIVE REQUEST FOR IM TORADOL 60MG (DOS: 9/23/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Toradol, Page(s): 73.

Decision rationale: According to MTUS guidelines, <Ketorolac (Toradol®), generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions >. Toradol is recommended for severe acute pain for a short period of time.

There is no documentation that the patient suffered from acute pain. The patient current pain is clearly chronic. The retrospective request for IM Toradol 50mg (DOS 9/23/13) is not medically necessary and appropriate.