

Case Number:	CM13-0051314		
Date Assigned:	12/27/2013	Date of Injury:	01/27/2005
Decision Date:	02/20/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/29/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 patient is a 43 year old male with a date of lower back injury of 11/27/2005. Review of the submitted records indicates he was experiencing chronic low back pain with diagnosis including lumbar ODD with spondylosis secondary failed back surgery; responsive RFA 02/2013; history substance abuse; S1 joint dysfunction; and disabled. Per the 10/8/13 examination, the patient stated having continued right low back pain and had lumbar surgery/RFA on 2/2/13 with a great response then pain returned in six months. Currently has full time temp job in which is tolerating work well, able to sit/stand/walk for 15 minutes, has sleep disturbed, ADLs independent, and pain rated 5/10. Objective findings included significant tenderness to palpation on the right L4-5 and L5-S1 and increased pain with axial loading/flexion/extension. The provider is requested a repeat urinalysis and performed a Toradol intramuscular injection for acute flare was requested, which is the subject of this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective 1 Toradol 60mg IM injection: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines on Ketorolac (Toradol®[®], generic available) 10 mg say that this medication carries a box warning stating that it is not indicated for minor or chronic painful conditions. In this case, the records show this patient has been reporting a pain VAS level of 5/10 for several office visits which indicated a stable chronic pain condition, therefore the prospective request for 1 Toradol 60mg IM injection is not medically necessary.