

Case Number:	CM13-0052931		
Date Assigned:	04/09/2014	Date of Injury:	07/26/2006
Decision Date:	05/08/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 is a 46 year old female with date of injury of 07/26/2006. The listed diagnoses per [REDACTED] dated 10/09/2013 are lumbar radiculopathy, cervical radiculopathy, fibromyalgia, depression, anxiety and status post right carpal tunnel syndrome. According to the progress report, the patient complains of low back pain radiating to the bilateral lower extremities to the level of the hip and right foot. The patient also complains of neck pain that radiates to the bilateral upper extremities. The patient's pain level is increased with average pain level of 7-8/10 with medications and 10/10 without medications. The exam shows spinal vertebral tenderness at the C4-C7 level. There was cervical myofascial tenderness noted on palpation. The myofascial trigger points were identified on palpation in the bilateral trapezius muscles, bilateral levator scapulae muscles, and bilateral rhomboid muscles. The provider is requesting a retrospective decision for Toradol injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

TORADOL INJECTION 60MG IM (RETROSPECTIVE): 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 NSAIDS, Specific Drug List & Adverse Effects Page(s): 70.

Decision rationale: This patient presents with chronic low back pain radiating to the bilateral lower extremities and neck pain radiating to the bilateral upper extremities. The request is for a retrospective Toradol injection. Per California MTUS guidelines, Ketorolac (Toradol®[®], generic available) is not indicated for minor or chronic painful conditions. Review of records from 03/12/2013 to 10/09/2013 show that the patient has been receiving Toradol injections on a monthly basis since 03/12/2013. Given the lack of MTUS support for the use of Toradol for chronic pain, recommendation is for denial.