

Case Number:	CM13-0054502		
Date Assigned:	12/30/2013	Date of Injury:	10/02/2002
Decision Date:	03/18/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/19/2013

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 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 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 66-year-old female with a date of injury of 10/02/2012. The listed diagnoses per [REDACTED] dated 10/28/2013 are: 1. Lumbar disk displacement. 2. Lumbosacral spondylosis. 3. Lumbar spine discopathy. According to report dated 10/28/2013 by [REDACTED] the patient presents with increased pain of the low back with some numbness and tingling to the lower extremities. The patient complains of "aching pain" to her low back and lower extremities as well as the neck and both hands. Examination of the lumbar spine reveals spasm and tenderness to the paralumbar musculature. "Sciatic stretch is positive." There is reduced range of motion with pain on movement. Report notes that patient received two injections. The first injection consisted of Toradol and the second consisted of vitamin B12 complex. It was noted that "both were delivered for symptomatic relief without up toward effect."

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol Intramuscular Injections: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation The Academic Emergency Medicine volume V page 118 to 122.

Decision rationale: The treater requests Toradol intramuscular injections. Utilization review dated 10/30/2013 denied request stating, "Request was previously denied on 08/27/2013 and the decision is effective for 12 months." The MTUS Guidelines page 70 under NSAIDs specific drug list and adverse effects states recommended with cautions below. Disease-State Warnings for all NSAIDs: All NSAIDs have US boxed warnings for associated risk of adverse cardiovascular events including MI, stroke, and new onset or worsening of preexisting hypertension. Box warning for ketorolac 10 mg states this "medication is not indicated for minor or chronic painful conditions." Furthermore, The Academic Emergency Medicine volume V page 118 to 122 states, "Intramuscular ketorolac versus oral ibuprofen in emergency department patients with acute pain," study demonstrated that there is no difference between the two, and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain." The requested Toradol intramuscular injections are not medically necessary, and recommendation is for denial.