

Case Number:	CM13-0069481		
Date Assigned:	01/03/2014	Date of Injury:	07/14/2003
Decision Date:	04/25/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/23/2013

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 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 66-year-old female who reported an injury on 07/14/2014. The mechanism of injury was not provided. The note dated 11/20/2013 indicated the patient reported her symptoms had been stable since her prior visit. Medications included oxycodone 10/325 every 8 to 12 hours as needed, Topamax 50 mg at bedtime as needed, and Fentanyl patch 75 mcg every 72 hours. It is noted the patient was status post a cervical fusion on 09/14/2012, C1-3 fusion. Upon examination of the cervical spine, cervical range of motion was not tested; the patient was wearing a brace. Muscle strength with shoulder abduction was 4/5 bilaterally, elbow flexion-biceps was 4/5 bilaterally, elbow extension-triceps was 5/5 bilaterally, wrist extension was 4/5 to the right and 5/5 to the left, and finger abduction was 5/5 bilaterally. On examination of the lumbar spine, the range of motion was flexion at 40 degrees, extension at 10 degrees, lateral rotation was 20 degrees bilaterally, and lateral bending was 15 degrees bilaterally. Muscle strength to the hip flexion, hip abduction, knee extension, and knee flexion was 5/5; ankle dorsiflexion was 4+/5 on the right and 4/5 on the left; ankle plantar flexion was 4/5 on the right and 5/5 on the left; and extensor hallucis longus was 4/5 bilaterally. Upon palpation, there was muscle spasm across the back with tenderness over the right sciatic notch. The straight leg raise was positive on the right side at 65 degrees. The patient was noted to have an antalgic gait. It was noted the patient's pain was severe and continued. The patient was given Toradol 30 mg intramuscular to the upper gluteal region and was well tolerated without adverse reactions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Toradol injection 30mg intramuscular (IM) (date of service: 11/20/13):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, non-Steroidal Anti-Inflammatory Drugs (NSAID)'s.

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

Decision rationale: The retrospective Toradol injection 30 mg intramuscular (IM) (date of service: 11/20/2013) is non-certified. The California MTUS states that Ketorolac (Toradol, generic available) 10 mg is not indicated for minor or chronic painful conditions. The records submitted for review indicate that the patient's pain was severe. However, the records submitted for review failed to include documentation of the patient's pain using a VAS. Furthermore, the California MTUS states that Toradol is not indicated for minor or chronic painful conditions. As such, the request for Toradol injection 30 mg intramuscular (IM) (date of service: 11/20/2013) is not supported. Therefore, the request is non-certified.