

Case Number:	CM14-0002659		
Date Assigned:	01/29/2014	Date of Injury:	12/07/2005
Decision Date:	06/25/2014	UR Denial Date:	12/07/2013
Priority:	Standard	Application Received:	01/07/2014

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 Occupational 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 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 62-year-old female who has submitted a claim for neck pain, cervical radiculitis, right knee internal derangement status post total knee replacement, lumbar radiculitis, chronic pain syndrome, chronic pain-related depression, chronic pain-related insomnia, tension headaches, myofascial syndrome, and neuropathic pain; associated from an industrial injury date of 12/07/2005. Medical records from 06/12/2009 to 01/29/2014 were reviewed and showed that patient complained of bilateral knee pain, low back pain, and a severe headache, graded 5/10. Average pain over the past week had been 8/10. Treatment to date has included Nucynta, Lyrica, Elavil, Zanaflex, Cidelflex, Medrox patches, and Norco. Utilization review, dated 12/06/2013, denied the retrospective request for Toradol injection because guidelines do not recommend its use in minor or chronic painful conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 1 TORADOL 60MG INJECTION DOS:11/5/13:

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 §§9792.20 - 9792.26 Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ketorolac

Decision rationale: As stated on page 72 of the California MTUS Chronic Pain Medical Treatment Guidelines, Toradol is not indicated for minor or chronic painful conditions. In this case, the employee complains of bilateral knee pain, low back pain, and severe headache. Moreover, the employee is diagnosed with chronic pain syndrome making the employee not a candidate for Toradol since it is not indicated for chronic conditions. Therefore, the retrospective request for 1 Toradol 60mg injection DOS: 11/5/13 was not medically necessary.