

Case Number:	CM14-0011278		
Date Assigned:	02/21/2014	Date of Injury:	10/01/1988
Decision Date:	08/29/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/28/2014

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, and bilateral shoulder pain reportedly associated with an industrial injury of October 1, 1988. Thus far, the applicant has been treated with analgesic medications; earlier cervical fusion surgery; a reported diagnosis of carpal tunnel syndrome; unspecified amounts of acupuncture; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated January 13, 2014, the claims administrator retrospectively denied a request for a Toradol injection performed on December 10, 2013. The applicant's attorney subsequently appealed. On December 10, 2013 the applicant apparently presented with persistent complaints of neck pain, hand pain, and bilateral wrist pain. The applicant stated that she had noticed a recent exacerbation in pain which she attributed to a recent spate of cold weather. A Toradol injection was apparently administered owing to the applicant's acute exacerbation of pain. Norco was prescribed. The applicant returned to regular work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Toradol 60mg Injection (DOS: 12/10/2013): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac/Toradol Page(s): 72. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM Version 3, Chronic Pain, General Principles of Treatment, Medications, Table 11: Dosing for Opioids.

Decision rationale: The Toradol injection in question was medically necessary, medically appropriate, and indicated here. While the MTUS does not specifically address the topic of injectable Toradol usage, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does state that oral Ketorolac or Toradol is not indicated for minor or chronic painful conditions. In this case, the applicant was, in fact, described as having an acute flare of chronic pain, reportedly attributed to cold weather. Injectable Toradol was indicated to combat the applicant's acute flare of chronic pain. It is incidentally noted that the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that injectable Ketorolac is a useful alternative to a single moderate dose of opioids in the management of applicants who present to the emergency department with a severe flare of musculoskeletal low back pain. In this case, the applicant, by analogy, presented to the office setting with an acute flare of chronic neck pain. Injectable Toradol was indicated, for all of the previously stated reasons. Therefore, the request was medically necessary.