

Case Number:	CM14-0015513		
Date Assigned:	02/28/2014	Date of Injury:	09/21/2011
Decision Date:	06/30/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/06/2014

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 Orthopedic Surgery and is licensed to practice in California and Oklahoma, Texas, and Tennessee. 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 injured worker is a 64 year old female who is reported to have sustained work related injuries on 09/21/11. It is reported that she fell and subsequently developed low back pain which radiates into the left lower extremity. Records indicate that the injured worker has received 24 sessions of physical therapy and acupuncture, 12 chiropractic treatments, and was administered knee injections x 2 with temporary relief. On physical examination, she has no muscle spasm or guarding. There is tenderness to palpation about the cervical spine, bilateral upper trapezius, and paravertebral muscles. There are no trigger points. Spurling's test is negative. On examination of the lumbar spine, there is mild tenderness to palpation about the lumbar paravertebral muscles, spinous process, and bilateral sacroiliac joints. There is no paravertebral muscle guarding or muscle spasm. There are no trigger points to palpation. Gait is noted to be antalgic to the left. Reflexes are absent at the ankles bilaterally. Knee jerks are 1+ bilaterally. Straight leg raise is reported to be positive bilaterally. Current medications are reported to be Tramadol as needed, Flexeril, Colace, and Toprophan. The record includes a utilization review determination dated 01/27/14 in which a request for Toradol 50mg, quantity 60 with 1 refill was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

TORADOL 50 MG QUANTITY 60 ONE REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 72

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-73.

Decision rationale: According to the CA MTUS, Toradol is not indicated for minor or chronic painful conditions. The submitted clinical records indicate that the injured worker has chronic pain associated with multiple injuries from a fall occurring on 09/21/11. It is further noted that as the injured worker is chronically maintained on this medication, there is no data contained in the clinical record which indicates functional improvements as a result of its use. As such, the continued use of this medication would not be supported and the request for Toradol 50mg, quantity 60 with 1 refill is not supported as medically necessary.