

Case Number:	CM14-0114279		
Date Assigned:	08/04/2014	Date of Injury:	09/17/2009
Decision Date:	09/10/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/22/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 63-year-old male with a 9/17/09 date of injury. At the time (6/18/14) of the Decision for Toradol injection, #4, there is documentation of subjective (severe low back pain radiating to lower extremities) and objective (decreased sensation to light touch over the L5-S1 dermatomal distribution) findings, current diagnoses (lumbar radiculopathy and herniated nucleus pulposus), and treatment to date (medications and epidural steroid injections). There is no documentation of acute pain that requires analgesia at the opioid level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol injection, #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ketorolac (Toradol), NSAIDs, specific drug list & adverse effects.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Ketorolac (Toradol) is not indicated for minor or chronic painful conditions. ODG support the oral form for short-term (up to 5 days) in management of moderately severe acute pain that requires analgesia at the opioid level and only as continuation following IV or IM dosing. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy and herniated nucleus pulpous. In addition there is documentation of severe pain. However, despite documentation of severe pain, and given documentation of a 9/17/09 date of injury, there is no documentation of acute pain that requires analgesia at the opioid level. Therefore, based on guidelines and a review of the evidence, the request for Intramuscular Injection of Toradol injection, #4 is not medically necessary.