

Case Number:	CM14-0117668		
Date Assigned:	08/06/2014	Date of Injury:	08/28/2001
Decision Date:	10/03/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/25/2014

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 Family 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 patient is a 57-year-old male who has submitted a claim for lumbar spinal stenosis associated with an industrial injury date of October 28, 2001. Medical records from 2014 were reviewed, which showed that the patient complained of chronic lumbar spine pain. A report dated 7/8/14 noted that the patient presented for an urgent visit due to a flare-up of his low back pain. Physical examination revealed paralumbar muscle guarding. Treatment has included intramuscular Toradol 60mg to reduce pain due to flare-up of the low back pain. Utilization review from February 18, 2014 denied the request for 1 Retrospective Request for Intramuscular Injection of Toradol 60mg because the guidelines do not recommend Toradol for chronic conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Retrospective Request for Intramuscular Injection of Toradol 60mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Toradol Injection: Ketorolac (Toradol, Generic available): 10mg. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic)

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

Decision rationale: As stated on pages 72 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Toradol is not recommended for chronic painful conditions. In addition, the Official Disability Guidelines (ODG) states that Toradol injection, when administered intramuscularly, may be used as an alternative to opioid therapy. In this case, although the patient presented in the urgent setting, his pain was still part of a chronic pain process with a flare up. The guidelines do not recommend the use of Toradol in this patient. Therefore, the request for 1 Retrospective Request for Intramuscular Injection of Toradol 60mg is not medically necessary.