

Case Number:	CM14-0118062		
Date Assigned:	08/06/2014	Date of Injury:	08/30/2013
Decision Date:	09/10/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/28/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California and Washington. 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 31-year-old female with a reported date of injury on 08/30/2013. The mechanism of injury occurred while the injured worker was transferring a patient from a bed to a wheelchair when she got out of balance in the process causing both of them to fall into the wheelchair. The injured worker's diagnoses included chronic lumbosacral strain, and cervical strain of the neck. Prior treatments included physical therapy with some benefit, the use of a TENS unit with also some benefit and medications. The injured worker received a Toradol injection on 06/27/2014; however, the efficacy of the injection was not provided. The injured worker had an MRI on 11/14/2013. The injured worker had an examination on 06/27/2014 as an urgent visit due to constant, severe pain in her neck and her lower back. She complained that her pain was radiating to her right shoulder and arm and her low back pain radiated to her right leg and foot. The injured worker's pain was rated 8/10 in severity. The objective findings showed that her gait was normal and that there was tenderness noted to her low back and the right side of her neck. She was given an intramuscular injection of Toradol at this visit. The injured worker had a more recent examination on 07/23/2014. Upon examination it was noted that the injured worker had paracervical muscle tenderness and spasms noted and her cervical spine range of motion was 100% normal in all planes. Range of motion to the lumbar spine was normal and there was no evidence of kyphosis or scoliosis. She had tenderness at the sacroiliac joint on the right and increased lumbar lordosis and sacral compression test. The list of medications was not provided upon either examination. The recommended plan of treatment was for the injured worker to have non-steroidal anti-inflammatory agents, physical therapy, analgesics, a repeat x-ray, back brace, muscle relaxants and a TENS unit. The Request for Authorization form for the Toradol injection was signed and dated on 07/03/2014; however, the request for authorization

from that date note the injection was given on 06/27/2014. The rationale for the injection was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

IM (Intramuscular) Toradol Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain: Ketorolac (Toradol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68,72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Ketorolac injections.

Decision rationale: The request for Toradol IM injection is not medically necessary. The California MTUS Guidelines recommend NSAIDS for back pain as a second line of treatment after acetaminophen. In general there is conflicting evidence that NSAIDS are more effective than acetaminophen for acute back pain. The Official Disability Guidelines recommend avoiding the use of an oral NSAID at the same time as an injection. The guidelines note Toradol injections have an extremely strong anti-inflammatory effect, but they may also have side effects. They can cause bleeding and patients cannot take oral NSAIDS while they are receiving injections. There is no evidence that the injured worker had a trial of acetaminophen and that it was not tolerated or it has failed. The recommended plan of treatment on the examination included recommendations for the use of non-steroidal anti-inflammatory agents; however, the examination does not specify whether it is an oral medication or an injection. There is a lack of evidence of the efficacy of prior injections. Furthermore, it is noted that the injured worker has full range of motion. The rationale for the Toradol injection was not provided. The clinical information fails to meet the evidence based guidelines for the request for the Toradol IM injection. Therefore, the Toradol IM injection is not medically necessary.