

Case Number:	CM14-0121566		
Date Assigned:	08/06/2014	Date of Injury:	05/07/1991
Decision Date:	09/24/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/01/2014

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 Internal Medicine and is licensed to practice in New York. 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 69 year old female with a date of injury of 05/07/1991. She had chronic atrial fibrillation since 1994. On 06/11/2014 she had a post operative office visit after trigger finger surgery; the sutures were removed. She also complained of low back pain over the last few days with radiation to the LEFT leg. She ambulated with a cane. There was lower lumbar paravertebral muscular tenderness. Forward flexion was 40 degrees and extension was 10 degrees. There was positive straight leg raising on the RIGHT. Bilateral lower extremity strength was normal. On 07/02/2014 she had low back pain radiating down her right leg. She had a burning sensation in her leg. There was tenderness of the lumbar paravertebral musculature. There was no motor weakness. Forward flexion was 45 degrees and extension 10 degrees. In the right lower extremity below the knee there was decreased sensation to pin prick. Reflexes were equal. Straight leg raising was positive on the right. Lumbar x-ray revealed a prior L5-S1 fusion with instrumentation. The request is for IM Toradol 60 mg .

IMR ISSUES, DECISIONS AND RATIONALES

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

IM (intramuscular) injection toradol 60mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , 2014 Back pain. NSAIDS.

Decision rationale: MTUS ACOEM does not address IM Toradol. For back pain with acute exacerbations as in this case, ODG noted that NSAIDS (Toradol is a NSAIDS) are recommended as second line treatment after Acetaminophne. In general there is conflicting evidence that NSAIDS are more effective than Aetaminophen and they have more side effects. Also this patient is 69 years old and the request was for Toradol 60 mg. The dosage for patients 65 year of age and older should be adjusted down and 60 mg is the absolute maximum dose allowed for IM injection in that age group.