

Case Number:	CM14-0126278		
Date Assigned:	08/13/2014	Date of Injury:	08/30/2000
Decision Date:	09/16/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/08/2014

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. 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 65-year-old female with a reported date of injury on 08/30/2000. The mechanism of injury reportedly occurred when the injured worker fell off of a ladder. Her diagnoses were noted to include chronic lumbosacral strain, depression, and postlaminectomy syndrome to the cervical region. Her previous treatments were noted to include physical therapy and medications. The progress note dated 06/20/2014 revealed the injured worker complained of constant, severe pain to her low back and neck with a 9/10 in severity. The injured worker claimed her medications, Norco, and Motrin were effective in relieving her pain. The physical examination revealed tenderness at the cervical spine level and the injured worker had paralumbar muscle guarding. The injured worker stated she was able to do household chores and got 75% pain relief from her medications. The request for authorization form dated 07/03/2014 was for a retrospective request for an intramuscular injection of Toradol 60 mg quantity 1, date of service 06/20/2014, to reduce pain due to flare-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for intramuscular injection of Toradol 60mg, qty 1, DOS 6/20/2014:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition, McGraw-Hill, 2006; Physician's Desk Reference, 68th

Edition; www.rxlist.com; Official Disability Guidelines Drug Formulary, www.odg-twc.com/odgtwcformulary.htm; drugs.com; Epocrates Online, www.epocrates.com; Monthly Prescribing Reference, www.empr.com; Opioid Dose Calculator - AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov (as applicable); Acoem-[https://www.acoempracguides.org/Low Back](https://www.acoempracguides.org/Low%20Back); Table 2, Summary Of Recommendations, Low Back Disorders; Acoem-[https://www.acoempracguides.org/cervical and Thoracic Spine](https://www.acoempracguides.org/cervical%20and%20Thoracic%20Spine); Table 2, Summary Of Recommendations, Cervical and Thoracic Spine Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Ketorolac Page(s): 67, 72.

Decision rationale: The Retrospective request for intramuscular injection of Toradol 60mg, qty 1, DOS 6/20/2014 is not medically necessary. The injured worker received a Toradol intramuscular injection due to pain flare-up. The California Chronic Pain Medical Treatment Guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The guidelines state Toradol is not indicated for minor or chronic painful conditions. The injured worker has had chronic pain to the cervical region and is utilizing a full dose of Motrin for her pain and the use of Toradol was redundant. Therefore, the request is not medically necessary.