

Case Number:	CM14-0152935		
Date Assigned:	09/23/2014	Date of Injury:	02/18/1997
Decision Date:	10/24/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/19/2014

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 Occupational 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 73-year-old male, who has submitted a claim for thoracolumbosacral neuritis / radiculitis; other testicular hypofunction; spinal stenosis, lumbar region without neurogenic claudication and unspecified testicular dysfunction associated with an industrial injury date of February 16, 1997. Medical records from 2014 were reviewed, which showed that the patient complained of back pain, constant, deep, sharp and throbbing in character. Describes his pain as 9/10 on pain scale, which gets better by taking medications. Physical examination showed patient is alert, awake and oriented to 3 spheres. Deep tendon reflex (DTR) of the upper extremities were as follows: deltoids 4/5, biceps 5/5, triceps 4/5. DTR of the lower extremities were as follows: right patella - 2, Achilles - absent, bilaterally. Straight leg raise was positive on the left at 35 degrees. There was positive impingement on bilateral shoulder. Low back range of motion (ROM), KG. PTP, right trochanteric anatomic plane. Treatment to date has included Toprol, Zocor, Plavix, zetia, oxycontin, Neurontin, testosterone and Toradol injections (since February 2014). Utilization review from August 4, 2014 denied the request for 3 Toradol injections #60 because Toradol injections are not indicated for minor and or chronic pain conditions. Toradol usually should be reserved for acute severe pain, such as in an emergency setting or for patients whether the pain is not adequately controlled with oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Toradol injections #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ketorolac (Toradol)

Decision rationale: As stated on page 72 of CA MTUS Chronic Pain Treatment Guidelines, Ketorolac (Toradol), generic available) 10 mg is not indicated for minor or chronic painful conditions. According to ODG pain Chapter, ketorolac [Boxed Warning] may be used as an alternative to opioid therapy when administered intramuscularly. The FDA states that Ketorolac is indicated for the short-term (up to 5 days in adults), management of moderately severe acute pain that requires analgesia at the opioid level and only as continuation treatment following IV or IM dosing of Ketorolac tromethamine. In this case, the patient has been on Toradol since February 2014. Progress notes reviewed showed that the patient had 5 episodes of Toradol injections in the low back. However, the use of Toradol is not recommended for chronic pain conditions. The requisites for the use of Toradol were not met. In addition, the dose of Toradol was not specified. Therefore, the request for 3 Toradol injections #60 is not medically necessary.