

Case Number:	CM14-0155538		
Date Assigned:	10/17/2014	Date of Injury:	03/14/2012
Decision Date:	11/18/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/23/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 26 year old male injured on 03/14/12 due to an undisclosed mechanism of injury. Neither the specific injuries sustained nor the initial treatments rendered were discussed in the documentation provided. MRI of the lumbar spine dated 08/28/14 revealed multi-level degenerative changes without significant central spinal canal stenosis. Prior utilization review performed on 08/20/14 indicated the injured worker evaluated on 07/29/14 complaining of severe pain in the lower back rated at 8/10 radiating to the right buttock. Examination on that date revealed normal gait, sensation intact, tenderness noted in the lumbar spine. The injured worker provided Toradol 60mg IM injection. Medications included Norco, Soma, and Motrin. A letter of medical necessity dated 09/10/14 on behalf of [REDACTED] indicated Soma, Norco, Motrin, and Terocin patch provided the injured worker with 50% pain relief and improved functional level. The injured worker rated the pain at 8-9/10 without medication with a decrease to 5-6/10 with the use of medication. There was no clinical documentation provided for review. The initial request was denied on 08/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for toradol 60mg IM injection (7/29/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (updated 7/10/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72.

Decision rationale: As noted on page 72 of the Chronic Pain Medical Treatment Guidelines, Toradol is not indicated for minor or chronic painful conditions. There is no indication, per the previous Utilization Review, that the injured worker was being treated for an acute injury. The lack of clinical documentation limits the ability to establish the injured worker's current clinical status and substantiate the medical necessity of the requested medication. As such, the Retrospective request for Toradol 60mg IM injection (7/29/14) cannot be recommended as medically necessary.