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| Case Number: | CM14-0157395 | | |
| Date Assigned: | 09/30/2014 | Date of Injury: | 04/24/1997 |
| Decision Date: | 12/04/2014 | UR Denial Date: | 08/28/2014 |
| Priority: | Standard | Application Received: | 09/25/2014 |

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 24, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and unspecified amounts of aquatic therapy over the course of the claim. In a Utilization Review Report dated August 25, 2014, the claims administrator retrospectively denied a Toradol injection apparently given in the clinic. The applicant's attorney subsequently appealed. In a July 18, 2014 progress note, the applicant reported constant, severe low back pain radiating to the legs, 7/10. A Toradol injection was given for reported flare of low back pain. The applicant was asked to discontinue Lunesta and obtain a six-session course of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro; Toradol 60mg IM: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oral Ketorolac Page(s): 72. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Table 11

Decision rationale: While the MTUS does not address the topic of injectable Toradol, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does note that oral ketorolac or Toradol is not indicated for minor or chronic painful conditions. By implication, then, injectable Toradol is likewise not indicated for minor or chronic painful conditions. Here, however, the applicant apparently presented to the attending provider on the date in question reporting an acute flare in low back pain, 7/10, and was reportedly given a shot of Toradol for the same. This was an appropriate usage of Toradol, particularly as the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that a single dose of ketorolac (Toradol) appears to be a useful alternative to single moderate dose of opioids in applicants who present to the Emergency Department with severe musculoskeletal low back pain. Here, the applicant presented to the clinic with severe pain in the 7/10 range. An injection of Toradol was indicated, for all of the stated reasons. Therefore, the request is medically necessary.