

Case Number:	CM14-0161467		
Date Assigned:	10/06/2014	Date of Injury:	07/13/2004
Decision Date:	11/18/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/01/2014

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 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:

According to the records made available for review, this is a 58-year-old female with a 7/13/04 date of injury. At the time (9/5/14) of the Decision for retro Toradol Injection 60 mg, there is documentation of subjective (acute exacerbation of neck pain and stiffness over the last few days, difficulty sleeping, continued hip and low back pain) and objective (tenderness in the posterior cervical and right trapezial musculature, lateral rotation right to 50 degrees, left to 60 degrees, and lumbar spine forward flexion 45 degrees) findings, current diagnoses (enthesopathy of hip region, myalgia and myositis unspecified), and treatment to date (activity modification and medications). There is no documentation of moderately severe acute pain that requires analgesia at the opioid level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Toradol Injection 60 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDs, Ketorolac (Toradol, generic available). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Ketorolac (Toradol)

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Ketorolac (Toradol) is not indicated for minor or chronic painful conditions. ODG identifies that Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. In addition, ODG identifies documentation of moderately severe acute pain that requires analgesia at the opioid level, as criteria necessary to support the medical necessity of Toradol injection. Within the medical information available for review, there is documentation of diagnoses of enthesopathy of hip region, myalgia and myositis unspecified. However, despite documentation of an acute exacerbation of neck pain, there is no documentation of moderately severe acute pain that requires analgesia at the opioid level. Therefore, based on guidelines and a review of the evidence, the request for retro Toradol Injection 60 mg is not medically necessary.