MAXIMUS Federal Services

Case Number:	CM14-0164107		
Date Assigned:	10/07/2014	Date of Injury:	11/15/2011
Decision Date:	10/31/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/26/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 50 year old female with a date of injury on 11/15/2011. Diagnoses include lumbar and thoracic radiculopathy, displaced intervertebral disc, and left trochanteric bursitis. Subjective complaints are of headaches, thoracic and low back pain, and left hip pain. Hip pain was rated at 6-7/10. Physical exam shows patient was in significant discomfort, decreased lumbar range of motion, and tenderness in the left paraspinal and gluteus muscles. There was also tenderness over the left greater trochanter. Medications include Medrox patch, and Neurontin. Request is for Toradol injection given on 9/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Toradol 60mg Injection, Left Deltoid: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68,72. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 67-68.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) recommends non-steroidal anti-inflammatory drugs (NSAIDS) at the lowest effective dose in patients with

moderate to severe pain. Furthermore, NSAIDS are recommended as an option for short-term symptomatic relief for back pain. For this patient, moderate to severe pain was present in the back and hip, and Toradol was requested for acute symptom relief. Therefore, the requested Toradol is medically necessary.