

Case Number:	CM14-0171309		
Date Assigned:	10/23/2014	Date of Injury:	06/07/2012
Decision Date:	11/21/2014	UR Denial Date:	10/12/2014
Priority:	Standard	Application Received:	10/16/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 48 year old male who had a work injury dated 5/10/66. The diagnoses include chronic thoracolumbar pain syndrome; thoracic compression fractures T6-7 and T9-12, date indeterminate; bilateral posterior leg pain, S1 radicular pattern; weakness of the right leg; multilevel lumbar disc degeneration; T11-T12 small symptomatic disc herniations; lumbar arthropathy and facet degeneration; mild right L5-S1 neural foraminal stenosis; status post 2 level lumbar surgery in 1994. Under consideration are requests for one Ketorolac 60mg injection, retrospective for date of service 10/2/2014. There is a 10/2/14 PR-2 report that states that water therapy is helping the patient a great deal. His pain with his full amount of opioids is 4-9/10. He has been keeping a pain journal. He is having severe right side posterior leg pain burning of the heels and sometimes left sided pain; posteriorly similar to the right but not as severe. He has been getting all of his medications. His right leg is weak. He uses his walker for ambulation as before at all times. This patient is now complaining of feet being cold, swelling, burning, and thermal hypersensitivity. The medications help him drive, shop, and do errands. On exam he walks with a walker with a list to the left. There is extreme scoliosis to the left mid thoracic and compensatory right scoliosis to right lower thoracic and lumbar area. The gait is markedly antalgic. There is a surgical scar midline surgical scar L3 thru L5. There are muscle spasms copious throughout the thoracic, lumbar and upper gluteals. There is tenderness along the entire spine starting at T2 to S1. His deep tendon reflexes were 0 for patellar and Achilles on the right and 1+ on the left. The muscle strength was plantar flexion on the right 3/5, on the left 4/5, dorsiflexion on the right 3/5 and on the left 4/5. The muscle strength on the right great toe was 0/5 down going, toe in cramped position, on the right 2nd digit also cramped but 2-3/5. motor strength. The patient was given an injection of Ketorolac in the buttock without adversity.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Ketorolac 60mg injection, retrospective for date of service 10/2/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic)

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

Decision rationale: One Ketorolac 60mg injection, retrospective for date of service 10/2/2014 is not medically necessary per the MTUS and the ODG guidelines. The MTUS guidelines state that this medication is not indicated for minor or chronic painful conditions. The ODG states that Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. The documentation indicates that the patient has chronic pain. The documentation indicates that the patient has had multiple prior Ketorolac injections without significant functional improvement. The request for One Ketorolac 60mg injection, retrospective for date of service 10/2/2014 is not medically necessary.