

Case Number:	CM14-0176761		
Date Assigned:	10/30/2014	Date of Injury:	11/03/1998
Decision Date:	12/15/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/24/2014

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 Interventional Spine 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 patient is a 52 year old with an injury date on 11/3/98. Patient complains of constant low lumbar pain rated 7/8/10 currently, radiating to left thigh/calf, and right thigh/calf per 6/5/14 report. Patient states that symptoms have not changed, and are exacerbated by sitting and standing per 6/5/14 report. Based on the 6/5/14 progress report provided by [REDACTED] the diagnoses are: 1. lumb/sac disc degeneration 2. lumbosacral spondylosis Exam on 6/5/14 showed "exquisite tenderness to palpation to paravertebral muscles L3-S1. L-spine range of motion limited, with decreased flexion by 30 degrees." Patient's treatment history includes medications. [REDACTED] is requesting ketorolac injection 15mg. The utilization review determination being challenged is dated 10/17/14. [REDACTED] is the requesting provider, and he provided treatment reports from 4/10/14 to 6/5/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketorolac injection 15mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 72, 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter on Toradol, Pain chapter, on NSAIDs

Decision rationale: This patient presents with back pain, and bilateral leg pain. The treater has asked for Ketorolac Injection 15mg "to relieve muscle spasms, lower back pain, and bilateral lower extremities pain" per 5/8/14 report. Regarding Toradol, California Medical Treatment Utilization Schedule (MTUS) does not recommend it for minor or chronic pain condition. Official Disability Guidelines (ODG) guidelines recommend it as an option to corticosteroid injections to shoulder, with up to three subacromial injections. Toradol may be used as a substitute for opioid therapy in certain cases. In this case, the patient has chronic back pain, and California MTUS guidelines do not recommend Toradol injections for chronic pain. Treatment is not medically necessary and appropriate.