

Case Number:	CM14-0177856		
Date Assigned:	10/31/2014	Date of Injury:	03/19/2008
Decision Date:	12/08/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/27/2014

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 Pain Medicine and is licensed to practice in Ohio. 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 injured worker is a 42-year-old female who reported injury on 03/19/2008. The mechanism of injury was not submitted for review. The injured worker has diagnoses of lumbar discopathy at L4-5 and L5-S1, disc herniation, right knee internal derangement, left knee pain, bilateral knee tendinopathy; status post left knee surgery, cervical discopathy with bilateral radiculopathy at C5-C6 and L3-4 discopathy and disc desiccation. Past medical treatment consists of surgery, physical therapy and medication therapy. Medications consist of Tramadol/APAP, Alprazolam, Zolpidem and Norco. No urine drug screens or urinalyses were submitted for review. On 09/23/2014, the injured worker complained of neck and low back pain. The injured worker rated her pain at a 9/10 with constant radiation. Physical examination revealed forward flexion of 25 degrees and extension 20 degrees. External rotation to the right and left were 20 degrees to 25 degrees with significant increase in pain. There was no gross physical evidence of instability. Biceps reflex was diminished. Physical examination of the lumbar spine revealed tenderness to palpation, spasm and tightness of the paralumbar musculature. Medical treatment plan was for the injured worker to undergo intramuscular injection 2 cc of Toradol. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intramuscular Injection (2cc of Toradol): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available) Page(s): 72.

Decision rationale: The request for intramuscular injection 2 cc of Toradol is not medically necessary. The California MTUS does not recommend the use of the Toradol for minor or chronic painful conditions. The submitted documentation did not include a rationale for the injection of Toradol. Additionally, the documentation submitted dated 09/2014 indicates that the injured worker underwent intramuscular injection 2 cc of Toradol; the efficacy of that injection was not submitted for review. Given that the MTUS does not recommend the use of Toradol and with the lack of evidence submitted for review, the request for additional intramuscular injection 2 cc of Toradol is not medically necessary.