

Case Number:	CM14-0034474		
Date Assigned:	06/20/2014	Date of Injury:	08/24/2007
Decision Date:	07/30/2014	UR Denial Date:	03/08/2014
Priority:	Standard	Application Received:	03/19/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of August 24, 2007. Thus far, the applicant has been treated with the following Analgesic medications; muscle relaxants; attorney representation; earlier cervical fusion surgery; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated March 19, 2014, the claims administrator denied a request for Toradol injection, conditionally denied a request for Flexeril, conditionally denied request for Prilosec, and conditionally denied request for Ultram. The claims administrator stated that the applicant was a chronic pain patient for whom a Toradol injection was not indicated. Toradol was apparently retrospectively denied. The claims administrator did not incorporate cited guidelines into its rationale but appears to have based its decision on non-ODG Guidelines. The applicant's attorney subsequently appealed. In a January 27, 2014, progress note, the applicant presented with an acute flare in symptoms. The applicant presented with severe, throbbing, constant low back pain radiating to lower extremities. The applicant was using Tramadol, Naprosyn, Flexeril, and Prilosec, it was stated. The applicant was given refills of Naprosyn, Flexeril, Prilosec, and Ultram. A Toradol injection was given in the clinic setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Toradol injection 60mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Ketorolac section Page(s): page 72. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Table 11.

Decision rationale: While the MTUS Chronic Pain Medical Treatment Guidelines do not specifically address the topic of injectable Toradol, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does note that oral Toradol is not indicated for minor or chronic painful conditions. In this case, however, the applicant presented to the attending provider on the office visit in question of January 27, 2014 with an acute flare of reportedly severe, debilitating low back pain. As noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, a single dose of injectable Ketorolac (Toradol) appears to be a useful alternative to opioids in applicants who presented to an emergency department setting with complaints of severe musculoskeletal low back pain. In this case, the applicant did, by analogy, present to the attending provider in the clinic setting with severe flare of chronic low back pain. A shot of injectable Toradol to combat the same was indicated. Therefore, the request was medically necessary.