

Case Number:	CM14-0035870		
Date Assigned:	06/23/2014	Date of Injury:	06/26/2008
Decision Date:	07/25/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/24/2014

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 and Pain Management, 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 39-year-old male with a date of injury of 06/26/2008. The listed diagnosis is lumbar disk protrusion. According to progress report on 01/28/2014, the patient presents with constant low back pain radiating to the lower extremities with numbness and tingling. The patient notes the pain is a 10/10 without medications and 6-7/10 with medication. The examination revealed positive straight leg raise bilaterally and decreased range of motion on all planes. There was tenderness of the lumbar spine with spasms noted. Under the treatment plan, it was noted a 60-mg Toradol injection was administered intramuscularly into the patient's gluteus muscle today.

IMR ISSUES, DECISIONS AND RATIONALES

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

60mg Toradol Injection Administered to the Gluteus Muscle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), page 70, as well as, Non-MTUS Academic Emergency Medicine,

volume V, pages 118-122 states.

Decision rationale: This patient presents with constant low back pain radiating to the lower extremities with numbness and tingling. The treating physician is requesting a Toradol injection 60 mg for patient's continued pain. The MTUS Guidelines page 70 under NSAIDs, specific drug list and adverse effects states, recommended with cautions below: disease-state warnings for all NSAIDs, all NSAIDs have US boxed warnings for associated risk of adverse cardiovascular events including MI, stroke, and new onset or worsening of pre-existing hypertension. Boxed warning for Ketorolac 10 mg states that medication is not indicated for minor or chronic painful conditions. Furthermore, the Academic Emergency Medicine volume V states intramuscular Ketorolac versus oral Ibuprofen in the emergency department with patients with acute pain demonstrated that there is no difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain. The requested Toradol injection is not medically necessary and recommendation is for denial.