

Case Number:	CM14-0036608		
Date Assigned:	06/25/2014	Date of Injury:	08/05/1989
Decision Date:	08/11/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/26/2014

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 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 injured worker is a 54-year-old male who reported an injury on 08/05/1989. The mechanism of injury was not provided for clinical review. The diagnosis included knee pain/joint pain in the leg, lumbago, low back pain, sciatica, radiculitis of the lumbar/thoracic, and CNTR long-RX use. Previous treatments included medication, physical therapy, and an EMG. The clinical note dated 01/28/2014 reported the injured worker complained of low back and leg pain. He described his pain to be located on his right leg sciatica. The injured worker reported his pain was constant. The injured worker reported knee pain located on the right. He rated his pain 2/10 in severity. Upon the physical examination, the provider noted tenderness at the lumbar paraspinal muscles, painful tenderness over midline and paraspinal areas and tender. The provider indicated the injured worker had tenderness of the left paralumbar and tender right paralumbar. The provider indicated the injured worker right lower extremity joint line tenderness and tenderness over the mid MCL. The injured worker had decreased flexion, pain with flexion, and decreased extension. The provider requested for a Toradol IM injection, although rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Toradol 60 mg IM injection (DOS 1/28/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/ Chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, NSAIDs, specific drug list & adverse effects.

Decision rationale: The injured worker complained of low back and leg pain. He noted his leg pain was located on the right leg sciatica. He described his pain as constant. He also complained of knee pain located on the right. He rated his pain 2/10 in severity. The Official Disability Guidelines note Toradol the oral form is only recommended for short term (up to 5 days) in management of moderately severe acute pain that requires analgesia at the opioid level and only as continuation following IV or IM dosing, if necessary. This medication is not indicated for minor or chronic painful conditions. Increasing doses beyond a daily maximum dose of 40 mg will not provide better efficacy, and will increase the risk of serious side effects. There is lack of documentation indicating the injured worker was treated for chronic painful conditions. There is a lack of significant objective findings warranting the medical necessity for the IM injection. The guidelines note the medication is to be used as a second line drug unless there were no safer alternatives. There is significant lack of documentation indicating that there were no safer alternatives prior to the use of Toradol IM injection. Therefore, the request is not medically necessary.