

Case Number:	CM14-0036855		
Date Assigned:	06/25/2014	Date of Injury:	09/25/2011
Decision Date:	08/25/2014	UR Denial Date:	03/20/2014
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 Orthopaedic Surgery 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 records presented for review, indicate that this 53-year-old female was reportedly injured on September 25, 2011. The mechanism of injury was noted as lifting boxes. The most recent progress note, dated May 13, 2014, indicated that there were ongoing complaints of low back pain and left hip pain that radiated down the left leg. The physical examination demonstrated tenderness at the sacroiliac joints and bilateral trochanteric bursa. There was decreased lumbar spine range of motion with pain. Examination of the left knee noted tenderness at the medial and lateral joint lines and a mild effusion. An x-ray of the left hip noted no significant degenerative changes. Cortical holes were seen in the proximal femur and pelvis indicating possible osteopenia or a sarcoma. A previous magnetic resonance imaging (MRI) of the lumbar spine from 2013 showed multilevel degenerative disc disease and spinal canal stenosis at L3-L4. A request was made for a Toradol injection and was not certified in the pre-authorization process on March 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Toradol injection (DOS 2/11/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Fentanyl, updated July 10, 2014.

Decision rationale: According to the Official Disability Guidelines, a Toradol injection when administered intramuscularly may be used as an alternative to opioid therapy. According to the available medical record, the most recent progress note annotating the injured employee's medications was dated April 29, 2014. On this date, it was stated that the injured employee was currently prescribed Duragesic patches and Nucynta. Duragesic (fentanyl) patches is a transdermal opioid medication. Considering this, it is unclear why additional pain control from a Toradol injection is required. Without additional justification, this request for a Toradol injection is not medically necessary.