

Case Number:	CM14-0050346		
Date Assigned:	06/25/2014	Date of Injury:	12/19/2008
Decision Date:	07/29/2014	UR Denial Date:	03/13/2014
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 & 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 female who was injured on 12/9/2008. Chronic low back pain radiating to the bilateral lower extremities is noted. The prior treatment included lumbar fusion at L4-L5 and L5-S1 anterior aspect, Toradol injection, H-wave unit (improved the pain by 50%) and medications to include compound cream (with relief), MS Contin, Nucynta, Amitiza, morphine, Valium and Dilaudid. A urine drug screen on 1/7/14 detected the prescribed medications. On 03/13/14, Toradol injection was denied as it was not indicated for minor or chronic painful condition per Official Disability Guidelines (ODG). The claimant was seen on 04/01/14 for continued severe low back pain radiating to the lower extremities with associated numbness and tingling. The claimant rated the pain at 8-9/10. The claimant reported better pain relief with Nucynta and she was able to get out of bed and do activities. The claimant noted her constipation was not controlled by Amitiza. She was authorized a single-point cane to help stabilize her gait. Examination revealed the claimant to be in moderate distress. Gait was noted as slow and antalgic. The lumbar flexion was limited in all planes. There was moderate lumbosacral tenderness to palpation bilaterally. There was give way weakness in the legs secondary to pain. The diagnoses were chronic low back pain, lumbar radiculopathy, and opioid-induced constipation. The plan was to discontinue Amitiza, continue Capsaicin/Menthol/Tramadol compound, continue H-wave trial for pain relief and a single-point cane to stabilize gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intramuscular injection of Toradol 60mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Ketorolac (Toradol®).

Decision rationale: Toradol is a potent injectable NSAID, which is used in acute severe pain. Per Official Disability Guidelines (ODG), Toradol is not recommended in mild or chronic pain conditions. There is no documentation of severe or acute pain on the date of service Toradol was given. Therefore, the request for intramuscular injection of Toradol 60mg is not medically necessary and appropriate.