

Case Number:	CM14-0056153		
Date Assigned:	07/09/2014	Date of Injury:	10/03/2011
Decision Date:	09/19/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/25/2014

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 Illinois. 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 47 year old bus driver with a date of injury of Oct 3, 2011. The injured worker was driving the bus which was going up and down a lot and the next day the injured worker felt back pain and left leg shaking. An initial magnetic resonance imaging (MRI) showed a tear in the disc with a follow-up magnetic resonance imaging (MRI) on Feb 22, 2013. The injured worker has had left back, left hip and left leg pain, had an L4-S1 fusion, and slow gains with 35 visits of physical therapy. Medications include Ultram, Norco, Neurontin and Toradol IM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 60mg intramuscular (IM) Injection (Date Of Service 03/24/14) Quantity: 1.00:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70-73.

Decision rationale: Per the Medical Treatment Utilization Schedule (MTUS), Ketorolac 10 mg is not indicated for minor or chronic painful conditions (black box warning). The injured worker was given an injection on March 24, 2014. There were no indications documented for this injection. The worker has chronic back pain, therefore Toradol 60mg intramuscular (IM) Injection (Date of Service 03/24/14) Quantity: 1.00 is not medically necessary.