

Case Number:	CM14-0056462		
Date Assigned:	07/09/2014	Date of Injury:	11/18/2010
Decision Date:	08/26/2014	UR Denial Date:	03/25/2014
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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 50-year-old with a date of injury on November 18, 2010. Diagnoses include musculoligamentous lumbar strain, and left lower extremity radiculitis. Subjective complaints are of worsening low back pain. Pain was rated 8-9/10 without medicine and reduced to 4-5/10 with medication. Physical exam shows tenderness at the left sciatic notch. Medications include Motrin, Ultram, Prilosec, and Ambien. Prior treatment has included epidural steroid injections in April of 2013. On January 13, 2010 office visit patient was given a ketorolac injection for relief of back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketorolac 60mg with Xylocaine 1 ml injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, PAGE 67-68 Page(s): 67-68.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends NSAIDs at the lowest effective dose in patients with moderate to severe pain. Furthermore, NSAIDs are recommended as an option for short-term symptomatic relief for back pain. For this patient,

moderate to severe pain was present in the back, and Toradol was requested for acute symptom relief. Therefore, the request for Ketorolac 60mg with Xylocaine 1 ml injection is medically necessary and appropriate.