

Case Number:	CM14-0068745		
Date Assigned:	07/14/2014	Date of Injury:	10/06/2004
Decision Date:	09/16/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/13/2014

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 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 patient is a 38-year-old female who has submitted a claim for herniated nucleus pulposus at L4-5 and bilateral lumbar radiculitis associated with an industrial injury date of 10/06/2004. Medical records from 10/29/2004 to 07/18/2014 were reviewed and showed that patient complained of chronic low back pain graded 6-8/10 which radiated down the right leg with associated numbness and tingling sensation. Physical examination revealed tenderness over the lumbosacral muscles (right greater than left). Myospasms were noted on right lumbosacral muscles. Lumbar ROM was decreased. SLR test was positive at 75 degrees on the left and 45 degrees on the right. X-ray of the lumbar spine dated 11/13/2008 revealed mild degenerative changes. MRI of the lumbar spine dated 11/13/08 revealed posterior disk bulge at L4-5 and L5-S1. MRI of the lumbar spine dated 06/09/2011 revealed T12-L1, L3-4, L4-5, and L5-S1 disc desiccation, hyperextended lumbar lordosis, L5-S1 annular tear, and L3-4, L4-5, and L5-S1 disc protrusion. EMG/NCV of lower extremities dated 06/13/2011 revealed decreased motor latency of right peroneal nerve. Treatment to date has included physical therapy, Toradol injection 60mg IM (05/13/2005), heat application, TENS, water therapy exercises, and oral medications such as Norco, tizanidine, and Lyrica. Utilization review dated 04/17/2014 denied the request for one IM Toradol injection 60 mg because the guidelines do not recommend Toradol for minor or chronic painful conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 IM injection of Toradol 60 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Toradol, NSAIDS.

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

Decision rationale: According to CA MTUS Chronic Pain Treatment Guidelines, Ketorolac (Toradol), generic available) 10 mg is not indicated for minor or chronic painful conditions. According to ODG pain Chapter, ketorolac [Boxed Warning] may be used as an alternative to opioid therapy when administered intramuscularly. The FDA boxed warning would relegate this drug to second-line use unless there were no safer alternatives. In this case, the patient complained of chronic low back pain. The guidelines do not recommend the use of Toradol for minor or chronic painful conditions. There is no discussion as to why variance from guidelines is needed. Therefore, the request for 1 IM injection of Toradol 60 mg is not medically necessary.