

Case Number:	CM14-0088724		
Date Assigned:	07/23/2014	Date of Injury:	05/04/2012
Decision Date:	10/01/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/12/2014

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 and Rehabilitation has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 5/4/12. A utilization review determination dated 5/19/14 recommends non-certification of Toradol injection. 5/6/14 medical report identifies pain stabilized with medication. He is having some trouble sleeping and resting due to the pain. He has been a little more active and this has flared his pain up a little. On exam, gait is slow and right antalgic. Right leg lateral aspect is described as feeling numbness and tingling. Toradol IM was given. Prescriptions were also written for Norco and carisoprodol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol Injection: 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 Chapter, Ketorolac (Toradol®)

Decision rationale: Regarding the request for Toradol injection, CA MTUS does not address the issue. ODG states that ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. Within the documentation available for review, the patient is noted

to have a chronic injury and, while there is a mention of what appears to be a mild increase in pain after some activity, there is no documentation of a significant exacerbation that would require the use of medication at the opioid level at the time of the injection. Furthermore, it is noted that the patient was already utilizing opioids. In light of the above issues, the currently requested Toradol injection is not medically necessary.