

Case Number:	CM14-0093908		
Date Assigned:	07/25/2014	Date of Injury:	07/06/2012
Decision Date:	09/11/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/20/2014

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 Internal 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:

Patient is an injured worker status post C5-C6 anterior cervical discectomy and fusion 09/16/13 and multilevel lumbar fusion. Date of injury was 07-06-2012. Neurosurgical consultation dated February 6, 2014 documented a history C5-C6 discectomy and fusion in September 2013. Patient is regaining strength and sensation in her left upper extremity. The patient is still recovering from a prior multilevel lumbar fusion and continues to use a walker. Physical examination findings included slight loss of grip strength, no apparent motor deficits at the deltoid, biceps or triceps, no apparent sensory deficits, reflexes 2+ bilaterally. Diagnosis were C5-C6 anterior cervical discectomy and fusion 09/16/13, status post multilevel lumbar fusion. Neurosurgeon's impression was that the patient's neck has significantly improved, with no concerns about her surgical recovery. Primary treating physician's progress report dated 02-18-2014 documented subjective complaints of lumbosacral pain, objective findings of tenderness, diagnoses of shoulder and spine strain. Treatment plan included physical therapy and Toradol. Utilization review decision date was 05-23-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TORADOL 60MG (INTRAMUSCULAR INJECTION ADMINISTERED): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol) Page(s): 72.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Toradol (Ketorolac) is not indicated for minor or chronic painful conditions. Patient is an injured worker status post C5-C6 anterior cervical discectomy and fusion 09/16/13 and multilevel lumbar fusion. Date of injury was 07-06-2012. Neurosurgical consultation dated February 6, 2014 documented the neurosurgeon's impression was that the patient's neck has significantly improved, with no concerns about her surgical recovery. The progress report dated 02-18-2014, which is the latest progress note available in the submitted medical records, did not document severe or acute pain. The available medical records do not support the medical necessity of Toradol (Ketorolac) which is not indicated for minor or chronic painful conditions. Therefore, the request for 1 Toradol 60mg is not medically necessary.