

Case Number:	CM14-0117128		
Date Assigned:	08/01/2014	Date of Injury:	07/29/2000
Decision Date:	12/15/2015	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California

Certification(s)/Specialty: Family Practice

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 63 year old male patient, who sustained an industrial injury on 7-29-2000. The diagnoses include lumbago, sciatica, lumbar degenerative disc disease, lumbar stenosis and myofascial pain syndrome. Per the recent progress report dated 6-18-2014, he had complaints of low back pain rated 7 out of 10. Physical examination revealed lumbar facet tenderness at greater trochanter, crepitus and lumbar decreased range of motion; bilateral hip-tenderness and decreased range of motion. The medications list includes ambien CR, viagra, lasix, vitamin B12 inj., slow K, lyrica, orphenadrine, diclofenac, norco and doxepin. He had lumbar magnetic resonance imaging dated 6/14/2014 which showed multilevel changes with foraminal stenosis. Treatment to date has included physical therapy and medication management. On 6-24-2015, the Request for Authorization requested Retrospective: 1 Toradol injection for lumbar spine pain from date of service: 6-18-14. On 7-15-2014, the Utilization Review non-certified the request for Retrospective: 1 Toradol injection for lumbar spine pain from date of service: 6-18-14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: 1 Toradol injection for lumbar spine pain DOS: 6/18/14: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: According to MTUS guidelines regarding toradol (ketorolac) "This medication is not indicated for minor or chronic painful conditions." The cited guidelines do not recommend toradol for chronic painful conditions. In addition, intolerance to oral medication was not specified in the records provided. The request for Retrospective: 1 Toradol injection for lumbar spine pain DOS: 6/18/14 is not medically necessary or established for this patient at that time.