

Case Number:	CM14-0176037		
Date Assigned:	10/29/2014	Date of Injury:	05/20/2001
Decision Date:	02/19/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/23/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 sustained a work-related injury on May 22, 2001. The subsequently the patient developed with chronic neck pain. According to a progress report dated on July 21, 2014, the patient was complaining of thoracic and lumbar pain with a severity rated 8/10. The patient was treated with ibuprofen, Flexeril and Neurontin with some help. He also used TENS, Cymbalta, Gralise and Depakote. He also reported intermittent bilateral upper extremities with numbness and tingling. The patient physical examination demonstrated the cervical tenderness with reduced range of motion. The provider request authorization for Toradol injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 Toradol injection (cervical): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Toradol
 Page(s): 73.

Decision rationale: According to MTUS guidelines, Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions. Toradol is recommended for severe acute pain for a short period of time. In this case, the provider recommended Ibuprofen and injection of Toradol injection and there is no rational behind this combination. The patient current pain is clearly chronic. The provider requested the use of Ibuprofen and there is no rational for combining Toradol injection with Ibuprofen and no documentation of failure of oral medications. Therefore, the request for Prospective request for 1 Toradol injection (cervical) is not medically necessary.

Retrospective request for 1 Toradol injection 60mg IM (cervical) (DOS 9-5-2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Toradol Page(s): 73.

Decision rationale: According to MTUS guidelines, Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions. Toradol is recommended for severe acute pain for a short period of time. In this case, the provider recommended Ibuprofen and injection of Toradol injection and there is no rational behind this combination. The patient current pain is clearly chronic. The provider requested the use of Ibuprofen and there is no rational for combining Toradol injection with Ibuprofen and no documentation of failure of oral medications. Therefore, the request for Prospective request for Retrospective request for 1 Toradol injection 60mg IM (cervical) (DOS 9-5-2014) is not medically necessary.