

Case Number:	CM14-0186812		
Date Assigned:	11/14/2014	Date of Injury:	03/07/2001
Decision Date:	01/05/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/10/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 injured worker sustained a work related injury on March 7, 2001, slipping on a wet floor, with immediate pain in the left shoulder, chest, ribs, and neck. A neurosurgical reevaluation report dated March 15, 2013, noted the injured worker complained of ongoing pain and stiffness to the cervical spine radiating down the arms, with numbness, tingling, and weakness to the arms and hands, with significant spasms to the cervical spine and back. The injured worker was also noted to complain of increasing and severe pain to the thoracic and lumbar spine, radiating down the legs with numbness and tingling, and numbness in the groin with worsening bowel and bladder dysfunction. The physician noted the injured worker was status post cervical spine revision surgery. On May 14, 2014, the injured worker underwent surgical interventions including anterior cervical discectomy and fusion at C3-C4, resection of a very large bony hyperostosis at the anterior C3-C4 disc space, posterior spinal fusion at the bilateral C3-C4 level posteriorly, and bilateral laminoforaminotomy and nerve decompression at C4-C5. The injured worker was seen for a neurosurgical reevaluation on June 20, 2014. The Physician noted the injured worker has ongoing pain and symptomology to the cervical spine, thoracic spine, and lumbar spine requiring medical consultation, medications, physical therapy, two cervical spine surgeries, lumbar spine surgery, diagnostic studies, and lumbar epidural steroid injections. A follow up evaluation performed on October 14, 2014, noted the injured worker in no apparent distress, reporting a recent flare up of neck pain. The Physician noted the urine drug screen was consistent with the prescribed medications, with a follow up urine toxicology screen completed. The Physician noted the requested procedure of Toradol injection 30mg given IM. On October 17, 2014, a neurosurgical reevaluation report noted the injured worker complained of ongoing cervical spine pain, ringing in the ears, intermittent visual disturbances, dysphagia, persistent and increasing pain to the thoracic spine, and persistent and increasing pain to the lumbar spine

radiating down the legs, with numbness and tingling. Physical examination was noted to show tenderness to the paraspinal region with spasms present, and limited cervical range of motion. The Physician noted the diagnoses of prior fusion at C4-C7 with left bony osteophyte at C4-C5 and C5 nerve compression, status post revision of anterior and posterior cervical spine fusion, residual cervical radiculopathy, hearing and vision disturbances, thoracic spine disc herniation with spinal cord abutment at T10-T11, Status post previous lumbar spine surgery with fusion at L4-S1, very severe advanced facet arthropathy, deterioration, and fractures at L2-L3 and L3-L4, foraminal stenosis L4-S1, acute bilateral L5-S1 radiculopathy, and bowel and bladder dysfunction. The physician requested retrospective authorization for Toradol 30mg injection IM for the date of service of October 14, 2014. On November 6, 2014, Utilization Review evaluated the request for retrospective Toradol 30mg IM injection for the date of service of October 14, 2014, citing MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted the injured worker received the Toradol injection on October 14, 2014, however the boxed warning of the Toradol includes notice that the medication is not indicated for minor or chronic painful conditions, therefore the retrospective request for Toradol 30mg IM injection was denied. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 10/14/2014) Toradol 30mg injection IM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72.

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

Decision rationale: According to MTUS guidelines, Ketorolac (Toradol, generic available) 10 mg 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 patient did require an injection of Toradol on October 14, 2014. The patient current pain is clearly chronic. Therefore, the request to prescribe Tramadol is not medically necessary.