

Case Number:	CM14-0189572		
Date Assigned:	11/20/2014	Date of Injury:	07/17/2002
Decision Date:	01/08/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/13/2014

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 Occupational 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:

Injured worker is a male with date of injury 7/17/2002. Per primary treating physician's progress report dated 10/15/2014, the injured worker complains of back pain that is getting worse again with stabbing-like pain. He is asking for another Toradol injection. He states prior injection was somewhat helpful. It allowed him to resume his exercise program. He does not work and is on Social Security disability. He rates his pain at 9-10/10. He states the pain continues to radiate in his right buttock and posterior thigh with a burning sensation in his leg. He states at best his pain is 4/10 with medications, and 10/10 without medications. His right knee pain is rated at 8/10. He reports difficulty trying to prolong kneel, stand or squat. He states at times the knee feels like it wants to give out on him. On examination the back reveals limited range of motion. Palpation reveals muscle rigidity in the lumbar trunk with loss of lordotic curvature. He cannot extend his spine. Right and left straight leg raise are both 90 degrees causing right sided back pain that radiates in the right buttock and posterior thigh. He reports altered sensory loss to light touch and pinprick in the right lateral calf and bottom of his foot. He ambulates with a limp with the right lower extremity. Deep tendon reflexes are +1 at the knees and ankles. There is 5/5 strength in the lower extremity muscle groups. Right knee is very swollen. Flexion is 110 degrees and extension 0 degrees. McMurray's sign is negative. Patellar compression is very painful. Valgus laxity is noted in excess with stress testing. There is obvious crepitus in passive range in flexion to extension of the knee again. Diagnoses include 1) flare up of back pain with radicular symptoms, right leg, with neuropathic pain 2) right knee pain 3) obesity 4) coronary artery disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Toradol IM Injection for date of service 10/15/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section Page(s): 67-72.

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. Toradol is not indicated for minor or chronic painful conditions. The injured worker has chronic pain with no acute injuries reported. The request for one Toradol IM Injection for date of service 10/15/2014 is not medically necessary.