

Case Number:	CM14-0193534		
Date Assigned:	12/01/2014	Date of Injury:	03/02/2009
Decision Date:	01/13/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/18/2014

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 Physical Medicine and Rehabilitation 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:

This patient sustained an injury on 3/2/2009 while employed by [REDACTED], [REDACTED]. Request(s) under consideration include Retrospective Toradol injection 60mg IM, DOS: 10/20/14. Diagnoses include low back pain/ L4-5 3 mm right disc protrusion with annular tear/ L3-4 2 mm paracentral disc protrusion; and right active L4 radiculopathy. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing pain complaints. Report of 10/20/14 from the provider noted the patient with increased pain only able to get out of bed if the rib belt is used; heard a pop on twisting with stiffness on standing. Medications and rest in bed has helped with symptoms. Exam showed unchanged findings of muscle spasm, tenderness and limited lumbar range in flex/ext/lateral flexion of 30/10/35 degrees. Treatment plan included continued acupuncture, continued medications with Tramadol and Toradol 60mg IM were provided. The request(s) for Retrospective Toradol injection 60mg IM, DOS: 10/20/14 was non-certified on 10/29/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection: Retro: Toradol injection 60mg IM, Dos: 10/20/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

Decision rationale: The patient remained functionally unchanged for this March 2009 injury. Ketorolac tromethamine (Toradol), a nonsteroidal anti-inflammatory drug (NSAID), is indicated for the short-term (up to 5 days in adults), management of moderately severe acute pain that requires analgesia at the opioid level. Ketorolac (Toradol, generic available) has a "Boxed Warning" as this medication is not indicated for minor or chronic painful conditions. Report from the provider noted ongoing chronic pain symptoms. Submitted report has no documented medical indication for IM Toradol injection. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to for the Toradol injection for chronic pain without demonstrated acute flare-up, new injury, or progressive clinical change. The Retrospective Toradol injection 60mg IM, DOS: 10/20/14 is not medically necessary and appropriate.