

Case Number:	CM14-0194278		
Date Assigned:	12/02/2014	Date of Injury:	05/12/2006
Decision Date:	01/29/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/20/2014

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 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:

The underlying date of injury in this case is 05/12/2006. The date of the utilization review under appeal is 10/24/2014. The patient's diagnoses include chronic pain syndrome with lumbar post-laminectomy syndrome and lumbar radiculopathy. On 06/11/2014, the patient was seen in treating physician reevaluation regarding low back pain and leg pain. The patient reported more pain in the legs and asked about possible trigger point injections. He described his pain as aching in the low back and the legs with associated numbness. The treating physician provided 60 mg intramuscularly of Toradol, which the patient reported he tolerated without complication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Toradol Injection, DOS: 6/11/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Toradol Page(s): 72.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines discusses Toradol on page 72, noting that there is a box warning that this medication is not indicated for minor or chronic painful conditions. This patient's

overall diagnosis is a chronic pain condition. FDA guidelines specifically do not recommend this medication in a chronic setting. This request is not medically necessary.