MAXIMUS Federal Services

Case Number:	CM14-0197301		
Date Assigned:	12/05/2014	Date of Injury:	01/20/2000
Decision Date:	01/16/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/24/2014

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 Internal 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:

This 63 year old woman sustained an industrial injury on 1/20/2001 of which the mechanism is detailed. Treatment has included oral medications, right L5-S1 transforaminal lumbar epidural steroid injections on 3/25/2005 and 5/27/2005, L5-S1 local anesthetic and steroid infusion on 6/10/2005, and a lumbar epidural steroid injection in 2009. PR-2 notes from the orthopedic surgeon and the PA-C from 8/7/2014, state that the worker was demonstrating limited range of motion in her spine. There is documentation of PA-C consulting with the MD and finally electing to perform an intramuscular injection of Toradol. There is no documentation of the thought process to choose this medication, route and time for administration or if there had been previous doses of Toradol administered. There is no further assessment available before or after the injection. There is documentation stating that the injection was tolerated well and there were no complications, however, no range of motion assessment was documented after the procedure. The actual visit notes are not submitted, rather the PR-2 only. There is no further documentation submitted prior to surgical notes from 9/8/2014. On 10/31/2014, Utilization Review evaluated a prescription for Toradol injection 60mg. The UR physician noted the medical report did not establish the medical necessity for the Toradol injection, did not establish why a standard oral non-steroidal anti-inflammatory medication could not be administered, and did not document the objective response to the injection. The request was denied and 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:

Toradol injection 60mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up to date review topic 9152 and version 122.0

Decision rationale: Toradol is an NSAID and Up to date states that is should not be used for more than 5 days duration and is used for moderately severe pain in which opioid analgesia is often utilized. It has a greater than 10% risk of causing headaches, GI pain, and dyspepsia or nausea. It has a 1 to 10 % risk of causing such things as edema, Hbp, GI perforation and anemia.The AECOM states that it is not indicated for minor pain or chronic pain conditions.The MD does not verify whether this is an acute exacerbation necessitating such medicine. Toradol can have serious side effects and there is no indication for the use of this medicine in chronic pain. A more traditional NSAID in a short course of treatment would be more appropriate in this instance. The UR is justified in its decision to deny this medicine. Therefore, the request for Toradol injection 60mg is not medically necessary and appropriate.