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| Case Number: | CM14-0198455 | | |
| Date Assigned: | 12/08/2014 | Date of Injury: | 07/17/2014 |
| Decision Date: | 01/27/2015 | UR Denial Date: | 11/20/2014 |
| Priority: | Standard | Application Received: | 11/25/2014 |

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:

The applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of July 17, 2014. In a Utilization Review Report dated November 19, 2014, the claims administrator failed to approve a Toradol injection apparently administered on October 10, 2014. The MTUS Chronic Pain Medical Treatment Guidelines were apparently invoked. The applicant's attorney subsequently appealed. On said October 10, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. The applicant had received earlier physical therapy and manipulative therapy. The applicant's pain complaints scored a 5/10, exacerbated by bending and twisting. The applicant reported derivative complaints of insomnia. The applicant was not working, it was stated in several sections of the note. The applicant was given prescriptions for Ultracet, Naprosyn, Xanax, omeprazole, and several topical compounds. Manipulative therapy, physical therapy, acupuncture, DNA testing, a TENS unit, a functional capacity evaluation, two trigger point injections, and a Toradol injection were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 60mg IM injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Chronic pain Page(s): 72. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, Second edition (2004), Chapter 7, page 511 and Official

Disability Guidelines, 12th edition (web), 2014, Fitness for duty, Pain, genetic testing for potential opioid abuse, Functional capacity evaluation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Medscape, Ketorolac Medication Guide

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 12, page 300, invasive techniques such as the local Toradol injection at issue are of "questionable merit." In this case, no rationale for pursuit and/or performance of the Toradol injection was furnished in the face of the seemingly unfavorable ACOEM position on the same. Medscape further takes the position that Toradol, whether used via IM, IV, or p.o. routes should be employed for "management of moderately severely acute pain that requires analgesia at opioid level." In this case, however, the applicant presented on the October 10, 2014 office visit at issue reporting 5/10 low back pain. The applicant did not seemingly present with moderately severe acute pain for which a Toradol injection would have been indicated. No compelling rationale for the Toradol injection was furnished which would offset the seemingly unfavorable ACOEM and Medscape positions on usage of Toradol for in the mild-to-moderate pain context present here. Therefore, the request is not medically necessary.