

Case Number:	CM15-0002190		
Date Assigned:	01/13/2015	Date of Injury:	09/26/2011
Decision Date:	03/16/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 injured worker is a 48-year-old male who reported an injury on 09/28/2011. The mechanism of injury involved repetitive heavy lifting. The current diagnoses include mid back pain and chronic low back and left lower extremity pain. It is also noted that the injured worker is status post L4-5 fusion on 01/31/2013 as well as L3-5 laminotomy on 02/21/2013. The injured worker presented on 12/08/2014 with complaints of persistent lower back pain with radicular symptoms into the bilateral lower extremities causing numbness and weakness. The injured worker reported an improvement in symptoms with the current medication regimen of OxyContin 10 mg, oxycodone 5 mg, and baclofen 20 mg. Objective findings were not provided on that date. Recommendations included continuation of the current medication regimen. A request was also submitted for a Toradol injection for a flare up of low back pain. A Request for Authorization form was submitted on 12/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol Injection: Upheld

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

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

Decision rationale: The California MTUS Guidelines state ketorolac is not indicated for minor or chronic painful conditions. Therefore, the current request cannot be determined as medically appropriate in this case. There is also no strength, frequency or quantity listed. Therefore, the request is not medically appropriate.