

Case Number:	CM15-0002608		
Date Assigned:	01/13/2015	Date of Injury:	01/24/2008
Decision Date:	03/13/2015	UR Denial Date:	01/02/2015
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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67 year old male who sustained an industrial injury on 1/24/2008. He has reported right hip, knee, leg, ankle, hand and wrist pain and neck pain after a motor vehicle accident. The diagnoses have included osteoarthritis, post-laminectomy (fusion at cervical 4-5), cervical spinal stenosis, cervicgia, spondylosis, radiculopathy, brachial neuritis/radiculitis, right carpal tunnel syndrome and causalgia of the lower limb. Treatment to date has included fusion at cervical 4-5, total knee arthroplasty, left wrist arthroscopic debridement, physical therapy, steroid injections and medication management. Currently, the IW complains of stabbing neck pain. Treatment plan included spinal Toradol injection 15 mg x 2= 30 mg and Toradol 30 mg for 2 injections. On 12/15/2014, Utilization Review non-certified spinal Toradol injection 15 mg x 2= 30 mg and Toradol 30 mg for 2 injections, noting the injured worker is taking oral medications in the same family and medical necessity is not warranted. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine Toradol injection 15mg times 2 30mg: Upheld

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

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

Decision rationale: According to the 1/02/2015 Utilization Review letter, the Spine Toradol injection 15 mg x2, 30mg requested on the 12/15/14 medical report was denied because the report did not indicate why oral medications are not adequate. According to the 12/15/14 orthopedic report, the patient is a 67 year-old male with a 1/24/2008 injury involving his neck. His diagnoses include cervicalgia; cervical radiculopathy; cervical stenosis; and cervical spondylosis with myelopathy. The physician requested Toradol IM injections for neck pain, headaches and referred pain to the shoulder. MTUS does not specifically discuss injections of Toradol, but does discuss use of Toradol in the oral form. MTUS Chronic Pain Medical Treatment Guidelines pg 72 for Toradol states: This medication is not indicated for minor or chronic painful conditions. The MTUS guidelines state Toradol is not indicated for chronic conditions. The 12/15/14 medical report did not discuss any acute conditions and states the condition is from a 2008 industrial injury. The 11/11/14 report states the patient underwent cervical fusion in 2009, and starting having increased neck and right arm pain in April 2014. The patient appears to have chronic pain. The use of Toradol injections for chronic pain is not in accordance with MTUS recommendations. The request for Spine Toradol injection 15 mg x2, 30mg IS NOT medically necessary.

Toradol 30mg for 2 injections: Upheld

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

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

Decision rationale: According to the 1/02/2015 Utilization Review letter, the Spine Toradol injection 15 mg x2, 30mg requested on the 12/15/14 medical report was denied because the report did not indicate why oral medications are not adequate. According to the 12/15/14 orthopedic report, the patient is a 67 year-old male with a 1/24/2008 injury involving his neck. His diagnoses include cervicalgia; cervical radiculopathy; cervical stenosis; and cervical spondylosis with myelopathy. The physician requested Toradol IM injections for neck pain, headaches and referred pain to the shoulder. MTUS does not specifically discuss injections of Toradol, but does discuss use of Toradol in the oral form. MTUS Chronic Pain Medical Treatment Guidelines pg 72 for Toradol states: This medication is not indicated for minor or chronic painful conditions. The MTUS guidelines state Toradol is not indicated for chronic conditions. The 12/15/14 medical report did not discuss any acute conditions and states the condition is from a 2008 industrial injury. The 11/11/14 report states the patient underwent cervical fusion in 2009, and started to have increased neck and right arm pain in April 2014. The patient appears to have chronic pain. The use of Toradol injections for chronic pain is not in

accordance with MTUS recommendations. The request for Toradol 30mg for 2 injections IS NOT medically necessary.