

Case Number:	CM15-0006490		
Date Assigned:	01/26/2015	Date of Injury:	12/30/1998
Decision Date:	03/25/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/12/2015

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, Arizona

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 54-year-old male who reported an injury on 12/24/1998. The mechanism of injury was not specifically stated. The current diagnoses include status post fusion at L3-S1, left sacroiliitis, right shoulder arthralgia, chronic pain syndrome, and lumbar facet arthropathy. The injured worker presented on 11/24/2014 with complaints of an increase in pain. The injured worker was status post left SI joint injection on 11/07/2014. It was noted that the injured worker had been issued authorization for a psychological clearance prior to a spinal cord stimulator trial. The injured worker utilizes a cane and a back brace. It is also noted that the injured worker participates in a daily home exercise regimen. The current medication regimen includes Vicoprofen 7.5/200 mg, methadone 5 mg, and a ketoprofen cream. Upon examination, there was tenderness to palpation over the bilateral lumbar paraspinals, spasm, left PSIS tenderness, decreased flexion and extension, 4+/5 motor weakness in the bilateral lower extremities, positive straight leg raising on the left, positive Fortin's test, positive Faber's test, and positive Gaenslen's maneuver. Recommendations at that time included continuation of the current medication regimen. After discussing risks, benefits, and alternatives, the injured worker was also given a 30 mg IM injection of Toradol. A Request for Authorization form was then submitted on 11/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 MG Toradol IM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 67-72.

Decision rationale: The California MTUS Guidelines state Toradol is not indicated for minor or chronic painful conditions. The injured worker reported an injury on 12/24/1998 and is receiving treatment for chronic pain syndrome. It is noted that the injured worker reported an increase in pain and was given a 30 mg IM injection of Toradol. As the Guidelines specifically state Ketorolac is not recommended for minor conditions or chronic pain, the request is not supported. Therefore, the current request for 30 mg of IM Toradol is not medically necessary.