

Case Number:	CM15-0007826		
Date Assigned:	01/26/2015	Date of Injury:	11/04/1997
Decision Date:	03/17/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/14/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 59 year old female, who sustained an industrial injury on 11/4/1997. On 1/14/15, the injured worker submitted an application for IMR for review of Retrospective Toradol Injections, DOS 12/1/14. The treating provider notes dated 12/1/14 has reported the injured worker complains of neck pain, bilateral wrist and hand pain. Cervical pain is reportedly increased since last cervical epidural steroid injection of 9/16/14 and Toradol injection was given at this time. The diagnoses have included degenerative cervical intervertebral disc disease, facet arthropathy, cervical spine stenosis, cervical radiculopathy, bilateral carpal tunnel syndrome, depression. Treatment to date has included MRI cervical spine (2/20/2013), lab work, cervical epidural steroid injections (9/16/14). On 1/13/15 Utilization Review non-certified Retrospective Toradol Injections, DOS 12/1/14 per the ACOEM Guidelines for Cervical and Thoracic Spine Disorders, Chronic Pain Disorders (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Toradol injection, DOS: 12/1/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Toradol
Page(s): 73.

Decision rationale: According to MTUS guidelines, Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions. Toradol is recommended for severe acute pain for a short period of time. In this case, the patient did require an injection of Toradol on December 1, 2014. The patient current pain is clearly chronic. Therefore the prescription of Retrospective Toradol injection is not medically necessary.