

Case Number:	CM15-0101461		
Date Assigned:	06/03/2015	Date of Injury:	02/27/2012
Decision Date:	07/09/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/27/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 51 year old female, who sustained an industrial injury on February 27, 2012. She reported slipping on vomitus and wrenching the low back. The injured worker was diagnosed as having right lumbar radiculopathy, chronic pain status post lumbar surgical interventions, right sacroiliac joint dysfunction, lumbar facet arthropathy, lumbar myofascial strain and lumbago. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the lumbar spine, conservative care, chiropractic care, medications and work restrictions. Currently, the injured worker complains of constant low back pain that radiates down the bilateral lower extremities with associated numbness. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 17, 2015, revealed continued pain as noted. An antalgic gait was noted as well as lower extremity radicular symptoms. Evaluation on April 13, 2015, revealed continued pain as noted with associated symptoms. She reported poor sleep and exhibited a slow antalgic gait. Toradol intramuscular injections were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol Intramuscular Injections QTY: 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, Online Edition, Chapter: Pain.

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

Decision rationale: The California MTUS section on NSAIDs and Toradol states: Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions. The requested medication is indicated for acute moderate to severe pain. The request is for 4 injections. Therefore this would be in excess of one injection for acute pain and therefore the request is not certified and is not medically necessary.