

Case Number:	CM15-0102927		
Date Assigned:	06/10/2015	Date of Injury:	05/03/2005
Decision Date:	07/10/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/28/2015

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, Pain Management

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 53 year old female, who sustained an industrial injury on May 3, 2005, incurring low back injuries. She was diagnosed with lumbosacral disc disease and lumbar radiculopathy. She underwent a lumbar surgical fusion in 2008. Treatment included pain medications, anti-inflammatory drugs, neuropathic medications, analgesic topical cream, antidepressants and work restrictions. Currently, the injured worker complained of persistent back pain with radiculopathy down her leg. The treatment plan that was requested for authorization included a prescription for Ketorolac injection given on the date of service February 5, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Ketorolac injection, DOS: 2/5/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Chronic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter Ketorolac (Toradol).

Decision rationale: Regarding the request for ketolorac injection, CA MTUS does not address the issue. ODG cites that ketolorac, when administered intramuscularly, may be used as an alternative to opioid therapy. Within the information available for review, the provider notes that it is to treat an acute exacerbation, but the patient's pain level at the visit are noted to be the same as the average pain level. Furthermore, the patient is noted to be concurrently utilizing opioid medication, which is not consistent with its use as an alternative to opioid therapy. In the absence of clarity regarding the above issues, the currently requested ketolorac injection is not medically necessary.