

Case Number:	CM15-0103012		
Date Assigned:	06/05/2015	Date of Injury:	08/10/2006
Decision Date:	07/10/2015	UR Denial Date:	05/28/2015
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, Hawaii

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 39-year-old male, who sustained an industrial injury on 8/10/06. The injured worker has complaints of low back pain. The documentation noted the injured worker has moderate to severe paralumbar myospasms. The diagnoses have included lumbar disc disease with radiculopathy; arachnoiditis and nerve root irritation. Treatment to date has included injections; lumbar spine surgery on 5/23/11; physical therapy; prilosec and morphine sulfate. The request was for toradol 60 mg injection 1 monthly for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 60 mg injection 1 monthly for 6 months: 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), Pain Chapter, Toradol.

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

Decision rationale: According to the attending physician report dated 5/12/15, the patient suffered an acute exacerbation of low back pain with associated bilateral lower extremity pain. The current request is for Toradol 60mg injection 1 monthly for 6 months. The attending physician indicated that the patient had an acute flare-up of arachnoiditis and the attending physician wanted to put the patient on a short course of steroids. According to the medical records, after a peer-to-peer discussion the attending physician agreed to modify the request for Toradol to one injection to decrease the acute flare-up of pain. The MTUS guidelines state for Ketorolac (Toradol), "This medication is not indicated for minor or chronic painful conditions." In this case, the patient has suffered an acute exacerbation, but the request of 1 Toradol injection monthly for the next 6 months exceeds the guidelines for Toradol. The current request does not meet the requirements of MTUS and is not medically necessary.