

Case Number:	CM15-0108369		
Date Assigned:	06/15/2015	Date of Injury:	12/03/2013
Decision Date:	07/14/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/05/2015

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

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 31 year old male, who sustained an industrial injury on 12/03/2013. He reported acute low back pain during bending and lifting activities. Diagnoses include lumbar strain/sprain, degeneration of lumbar disc, and radiculopathy. Treatments to date include medication therapy, activity modification, and physical therapy. Currently, he complained of exacerbation of back pain secondary to the previous day working activity. He reported muscle spasms in the lumbar spine and associated pain, numbness and weakness in the left lower extremity down to the calf muscle. On 5/1/15, he was seen in an acute visit and the physical examination documented tenderness and muscle spasms throughout the lumbar paraspinal muscles with decreased range of motion and decreased sensation in left leg. A positive left side straight leg raise test and slump test were noted. An intramuscular injection of Toradol 60mg was administered on this date. The appeal request was for a retrospective review of the Toradol injection administered on that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Toradol IM 60 mg injection with a dos of 5/1/2015 Qty: 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), page(s) Page 22.

Decision rationale: Ketorolac tromethamine (Toradol), a nonsteroidal anti-inflammatory drug (NSAID), is indicated for the short-term (up to 5 days in adults), management of moderately severe acute pain that requires analgesia at the opioid level. Ketorolac (Toradol, generic available) has a boxed warning, as this medication is not indicated for minor or chronic painful conditions. Report from the provider noted ongoing chronic pain symptoms with listed medications to include Naproxen, another NSAID. Submitted report has no documented medical indication as to concurrent use for this injection along with oral NSAID Naproxen, which is not recommended for increase GI bleeding. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have adequately addressed the indication to for the Ketorolac injection with demonstrated acute flare-up. The Retrospective Toradol IM 60 mg injection with a dose of 5/1/2015 Qty: 1 is medically necessary and appropriate.