

Case Number:	CM15-0016881		
Date Assigned:	02/05/2015	Date of Injury:	05/14/2007
Decision Date:	04/07/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/29/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 May 14, 2007. Her diagnoses include lumbar 4-lumbar 5 and lumbar 5 -sacral 1 stenosis. She has been treated with medications including pain, muscle relaxant, and muscle relaxant. On February 11, 2014 and March 25, 2014, she underwent an intramuscular injection of a non-steroidal anti-inflammatory medication to treat an acute exacerbation of her pain. The results from the non-steroidal anti-inflammatory injections were not included in the provided documentation. On April 23, 2014, her treating physician reports persistent low back, bilateral knees, and left ankle. The pain is aching with numbness. The physical exam revealed normal toe and heel walking, thoracic and lumbar paraspinal musculature tenderness, positive muscle spasm in the left lumbar region, mildly decreased lumbar range of motion, positive spasm on lumbar range of motion, and normal sensation, strength, and deep tendon reflexes. There was no clonus. There was no sacroiliac tenderness on compression, sciatic nerve compression test was negative, bilateral straight leg raise were negative, and Waddell's' were negative. On January 6, 2015 Utilization Review non-certified a request for Toradol Injection x 4 injections per year, noting the medication can be used as an alternative to opioid medications, which the claimant has been using chronically and continues to use chronically. There was documentation of improved [pain control and fracture on the current medication regimen, In addition, medical necessity is not met based on the chronicity of the low back pain and no evidence that the claimant will qualify as a sports medicine patient, as the article provided by the clinician addresses sports medicine patients. The Official Disability Guidelines (ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol injection, four times per year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)-Ketorolac (Toradol) $\frac{1}{2}$.

Decision rationale: Toradol injection, four times per year is not medically necessary per the ODG. The MTUS guidelines do not address Toradol injection. The ODG states that Toradol (Ketorolac), when administered intramuscularly, can be used as an alternative to opioid therapy. The documentation indicates that the patient is using opioid therapy with no documentation to suggest that Toradol will be used in place of opioids. Furthermore, there is no evidence that Toradol injections that were given to this patient have provided functional improvement. The request for Toradol injection, four times per year is not medically necessary.