

Case Number:	CM15-0138780		
Date Assigned:	07/28/2015	Date of Injury:	07/22/2014
Decision Date:	08/25/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/17/2015

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: Massachusetts

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 28-year-old male, who sustained an industrial injury on 01/12/2014. He has reported injury to the low back. The diagnoses have included lumbosacral spine strain; lumbar radiculopathy; non-significant aggravation of pre-existing lumbosacral spine strain; and lumbar disc displacement without myelopathy. Treatment to date has included medications, diagnostics, ice, heat, TENS (transcutaneous electrical nerve stimulation) unit, epidural steroid injection, chiropractic therapy, physical therapy, and home exercise program. Medications have included Motrin, Flexeril, Anaprox, Gabapentin, Norco, Butrans Patch, and Voltaren. A progress note from the treating physician, dated 06/17/2015, documented a follow-up visit with the injured worker. The injured worker reported low back pain which he indicates is severe and constant in nature; he has difficulty sleeping at night; he notes some improvement with the adjunct of the medication; he has been trying to diet independently and has been unable to lose weight; and he remains quite depressed over his chronic pain and disability related to his industrial injury. Objective findings included tenderness in the lower lumbar paravertebral musculature; decreased lumbar range of motion; sitting straight leg raise is negative bilaterally; and strength in the lower extremities is globally intact. The treatment plan has included the request for retrospective injection of Toradol 60mg (date of service: 06/17/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective injection of Toradol 60mg (DOS 6/17/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available).

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).

Decision rationale: The claimant sustained a work injury in January 2014 and continues to be treated for low back pain. When seen, he was having severe constant low back pain and difficulty sleeping. Physical examination findings included lumbar paraspinal tenderness with decreased range of motion. Straight leg raising was negative. There was normal lower extremity strength. His BMI was over 41. A Toradol injection was administered. Urine drug screening was performed. Medications being prescribed included Butrans and Norco. The oral form of Toradol (Ketorolac) is recommended for short-term management of moderately severe, acute pain following surgical procedures in the immediate post-operative period. Guidelines recommend Ketorolac, administered intramuscularly, as an alternative to opioid therapy. In this case, starting or discontinuing opioid medication was not being considered. The injection was not medically necessary.