

Case Number:	CM15-0182177		
Date Assigned:	09/22/2015	Date of Injury:	03/19/2013
Decision Date:	11/02/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/14/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 42-year-old male who sustained an industrial injury on March 19, 2013. Diagnoses have included disc herniation L4-5 and L5-S1, with evidence of lumbar instability at both levels. Documented treatment includes L4-S1 fusion on June 2, 2015 and has not begun physical therapy as of August 24, 2015 visit. Medication has included Norco from which he is being weaned with Ultram. Medication is stated to "decrease pain 2-3 points on the pain scale and improve activities of daily living." The injured worker continues to report low back pain radiating into both legs. At August 24, 2015 office visit, the physician noted he appears very uncomfortable: and the examination revealed difficulty with heel and toe-walk bilaterally, lumbar tenderness, and muscle spasms. Range of motion was not assessed. X-ray noted as "stable." The treating physician's plan of care included a Toradol injection, which was administered in the office on August 24, 2015, but this was denied September 4, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective; Intramuscular (IM) Toradol Injection, lumbar (dos 8/24/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Toradol Official FDA Information (<http://www.drugs.com/mtm/toradol-im.html>).

Decision rationale: Regarding the request for Retrospective; Intramuscular (IM) Toradol Injection, lumbar (DOS 8/24/15), Chronic Pain Medical Treatment Guidelines state this medication is not indicated for minor or chronic painful conditions. The FDA notes it is used short-term (5 days or less) to treat moderate to severe pain. Within the information available for review, there is documentation of a worse state. However, guidelines note it is not indicated for chronic painful conditions, but there is documentation of a recent flare up with new or worsened objective findings even after the last postoperative visit in which he had a normal gait. As such, the currently requested Retrospective; Intramuscular (IM) Toradol Injection, lumbar (dos 8/24/15) is medically necessary.