

Case Number:	CM15-0185180		
Date Assigned:	09/25/2015	Date of Injury:	08/26/2010
Decision Date:	11/06/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/21/2015

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 55-year-old male, with a reported date of injury of 08-26-2010. The diagnoses include lumbar radiculopathy, lumbar disc displacement, lumbar facet arthropathy, lumbar spinal stenosis, right shoulder impingement syndrome, lumbar spine sprain, bilateral knee contusion and sprain, left knee posterior horn of the medial meniscus tear, left knee chondromalacia patella, and status post left knee arthroscopy. Treatments and evaluation to date have included a lumbar epidural steroid injection in the bilateral L4-5 epidural space on 07-24-2015, Flexeril (discontinued), Norco, Ibuprofen, Norflex, and therapy. The diagnostic studies to date have included an MRI of the lumbar spine on 01-10-2013 which showed congenital spinal canal stenosis at L1-L4, bilateral facet arthrosis at L1-2, L2-3, L3-4, L4-5, and L5-S1, and multi-level circumferential disc bulge; an MRI of the left knee on 01-10-2013 which showed an intramedullary fusion at the posterior medial distal femoral metaphysis, oblique tear at the posterior horn of the medial meniscus, and mild to moderate chondromalacia patella; an MRI of the right shoulder on 01-10-2013 which showed mild supraspinatus tendinosis, marked acromioclavicular arthrosis, and intraosseous cyst within the lateral humeral head; and electrodiagnostic studies of the lower extremities on 02-26-2013 which showed peripheral neuropathy, and no evidence of damage to L3-S1 nerve roots on either side. The pain medicine re-evaluation dated 08-31-2015 indicates that the injured worker complained of low back pain with radiation down the bilateral lower extremities, and associated with numbness and tingling; and insomnia associated with pain. The pain was rated 8 out of 10 on average with medications since the last visit and 10 out of 10 on average without medications since the last visit. The injured worker reported ongoing activity of daily living limitations due to pain. It was noted that after the lumbar epidural steroid injection, the injured worker reported moderate (20-50%)

overall improvement, and the duration of the improvement lasted one day. The physical examination showed tenderness to palpation of the L4-S1 levels; increased pain with flexion and extension of the lumbar spine; decreased sensitivity in the bilateral lower extremities; and positive seated straight leg raise bilaterally at 45 degrees. It was noted that the injured worker underwent an MRI of the thoracic spine on 02-20-2013, which showed multi-level mild disc height loss and paracentral disc extrusion, moderate spinal canal narrowing at T8-9, moderate spinal canal stenosis at T10-11, and a 1-2mm disc osteophyte complex at T11-12. The treating physician provided a Toradol and B12 injection on the day of the visit due to the injured worker's acute increase in pain. The injured worker reported pain relief 15 minutes after the injection. It was noted that the injured worker was currently not working. The treating physician requested Toradol 60mg with B12 1,000mcg intramuscular injection (date of service: 09-30-2015). On 09-11-2015, Utilization Review (UR) non-certified the request for Toradol 60mg with B12 1,000mcg intramuscular injection (date of service: 09-30-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Toradol 60mg with B12 1000 mcg IM QTY: 1 (DOS: 09/3/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation; The Official Medical Fee Schedule; General Instructions, page 7, Dietary supplements.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Academic Emergency Medicine, Vol 5, pages 118-122.

Decision rationale: The patient presents on 08/31/15 with lower back pain rated 8/10 which radiates into the bilateral lower extremities. The patient's date of injury is 08/26/10. Patient is status post left knee arthroscopy on 02/30/14 and status post lumbar ESI at L4-5 levels on 07/24/15. The request is for Retrospective Toradol 60mg with B12 1000 mcg IM QTY: 1 (DOS 09/03/15). The RFA was not provided. Physical examination dated 08/31/15 reveals tenderness to palpation of the lumbar paravertebral regimo from L4-S1 levels, decreased sensation in the bilateral lower extremities, and positive straight leg raise test bilaterally at 45 degrees. The patient is currently prescribed Flexeril, Ibuprofen, Norflex, and Norco. Patient is currently not working. MTUS Guidelines, NSAIDs, specific drug list & adverse effects Section, page 72, regarding Toradol states: "Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions." Academic Emergency Medicine, Vol 5, pages 118-122, "Intramuscular Ketorolac vs oral ibuprofen in emergency department patients with acute pain" study demonstrated that there is no difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain. In regard to the retrospective request for an IM injection containing Toradol for this patient's chronic pain, such injections are not indicated for chronic pain conditions and there is no discussion of acute flare-up for which IM Toradol could be considered appropriate. Per the records provided, the patient regularly presents with pain rated 7-10/10 and described as constant. Per the 08/31/15 progress note, the provider states: "The patient's pain is reported as worsened since his last visit." However, the preceding progress note, dated 06/08/15 includes an identical statement. While this patient presents with significant pain complaints, this medication is not recommended for chronic pain conditions. In the absence of evidence of acute flare-ups or re-injury for which the use of IM Toradol is

considered an option, the requested injection is not supported by guidelines and cannot be substantiated. The request is not medically necessary.