

Case Number:	CM15-0185788		
Date Assigned:	09/28/2015	Date of Injury:	04/24/2013
Decision Date:	11/10/2015	UR Denial Date:	09/14/2015
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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 44 year old female patient, who sustained an industrial injury on 4-24-2013. She reported a low back injury from an automotive accident. Diagnoses include lumbar disc bulge, lumbar sprain with radiculitis. Per the doctor's note dated 8/19/15, she had complaints of ongoing low back pain with radiation down the left lower extremity to the foot. The physical examination revealed positive straight leg raise tests bilaterally. The medications list includes omeprazole, Tramadol, Hydrocodone-APAP, and Ibuprofen. She has had lumbar spine MRI dated 5/13/2013; EMG/NCS dated 8/12/2013. Treatments to date include NSAIDs, opioid therapy, H-wave unit, and home exercise. The plan of care included an intra-muscular injection of Ketorolac, medication therapy as previously prescribed, and ongoing use of the H-wave unit and home exercises. The appeal requested authorization of an injection Ketorolac (Toradol) 60mg with Lidocaine 1ML in the upper arm or upper buttock area intra-muscularly. The Utilization Review dated 9-14-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketorolac 60 mg with Lidocaine 1ml, in the upper arm or upper buttock area intramuscularly: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Toradol section, Ketorolac (Toradol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: Ketorolac 60 mg with Lidocaine 1ml, in the upper arm or upper buttock area intramuscularly. According to MTUS guidelines regarding Toradol (ketorolac), "This medication is not indicated for minor or chronic painful conditions." The cited guidelines do not recommend Toradol for chronic painful conditions. In addition, any intolerance to oral medication is not specified in the records provided. The rationale for the addition of lidocaine is not specified in the records provided. The medical necessity of Ketorolac 60 mg with Lidocaine 1ml, in the upper arm or upper buttock area intramuscularly is not medically necessary for this patient at that time.