

Case Number:	CM15-0187706		
Date Assigned:	09/29/2015	Date of Injury:	04/11/2007
Decision Date:	11/12/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/24/2015

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 41 year old female, who sustained an industrial injury on 4-11-07. Current diagnoses or physician impression includes lumbar discogenic disease, bilateral S1 radiculopathy, right knee tendonitis, internal derangement, left knee compensatory injury with meniscal tear and left knee internal derangement. Her work status is temporary total disability. A note dated 7-30-15 reveals the injured worker presented with complaints of low back, knees and ankle pain. She also reports sciatic pain. A note dated 7-28-15 reveals complaints of low back pain that radiated to the lower extremities (right greater than left) with occasional numbness and tingling. The symptoms increase with bending, twisting and lifting and are relieved by medication. She reports bilateral knee pain that radiates to below her knees with occasional numbness and tingling. The symptoms are increased with walking, standing, squatting, kneeling and climbing stairs and are relieved with rest and warm compresses. She report difficulty with activities of daily living such as preparing meals, household chores and personal hygiene. She reports physical difficulty with lifting, carrying, bending, twisting, pushing, pulling, kneeling, squatting, crawling, climbing stairs and prolonged walking and standing. She also reports difficulty with sexual function, sleeping, stomach upset and symptoms of depression and anxiety as well as occasional suicidal ideation. A physical examination dated 7-30-15 revealed positive spasms in the lumbar spine, painful and limited range of motion, right leg sciatica, positive straight leg raise bilaterally and positive Lasegue bilaterally. The right knee reveals positive tenderness to palpation at the joint line and positive "patellofemoral crepitation". The left knee reveals "positive tenderness to palpation over the joint line and positive patellofemoral

crepitation". There is increased medial joint pain. Treatment to date has included medications (Norco, Amitiza and Neurontin), lumbar epidural steroid injections x2, and toxicology screen. Diagnostic studies to date have included MRIs and x-rays. A request for authorization dated 8-19-15 for Toradol 60 mg intramuscular injection times 1 is denied, per Utilization Review letter dated 8-25-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 60mg IM x1: Upheld

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 Toradol 60mg IM x1, 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 no documentation of moderate to severe pain. And, guidelines note it is not indicated for chronic painful conditions, and there is documentation of a flare up in the treatment plan but not with new or worsened objective findings. As such, the currently requested Toradol 60mg IM x1 is not medically necessary.