

<b>Case Number:</b>	CM15-0190631		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	12/06/1994
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: Pennsylvania, Ohio, 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 52-year-old male, who sustained an industrial injury on 12-6-1994. The injured worker is undergoing treatment for lumbosacral spondylosis. On 7-16-15, he rated his back pain 5 out of 10 currently, interval pain noted as 5-9 out of 10. On 8-17-15, he reported continued back pain. The provider noted medial branch block and radio frequency ablation to have helped significantly. He is reported as taking 8 Norco tablets daily which are noted to give him relief. He is noted to have occasional sweating episodes with medications. His functional status is noted as ability to sit, stand and walk for up to 1 minute at a time, sleep disturbance 2-3 times nightly, and able to drive himself, and no assistive devices used. Physical examination revealed a noted pain level of 8 out of 10, wears a left knee brace, "gait is erect and independent". The treatment and diagnostic testing to date has included: medical branch block (date unclear), radio frequency ablation (date unclear), medications, urine drug screen (6-19-15) reported as consistent, multiple sessions of physical therapy. Medications have included Norco. Current work status: not documented. The request for authorization is for: one Toradol 30mg injection, one magnetic resonance imaging of the lumbar spine, and one prescription of MS Contin 15mg quantity 30. The UR dated 9-1-2015: non-certified the request for one Toradol 30mg injection; and conditionally non-certified the requests for one magnetic resonance imaging of the lumbar spine, and one prescription of MS Contin 15mg quantity 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toradol 30mg injection:** 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, specific drug list & adverse effects.

**Decision rationale:** MTUS discusses indications for the NSAID Toradol. This guideline emphasizes an FDA black box warning stating that this medication is not indicated for minor or chronic painful conditions. Neither the records nor the treatment guidelines provide a rationale for this medication in the current chronic timeframe. The request is not medically necessary.