

Case Number:	CM15-0198427		
Date Assigned:	10/13/2015	Date of Injury:	03/15/2012
Decision Date:	11/24/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/08/2015

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: Preventive Medicine, Occupational 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 male, who sustained an industrial injury on 03-15-2012. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbar strain or sprain, myofascial pain syndrome, sleep disturbance and gastritis. Medical records (03-24-2015 to 09-23-2015) indicate ongoing low back pain. Pain levels were rated 7-8 out of 10 in severity on a visual analog scale (VAS). The progress notes dated 09-23-2015 reported low back pain, neck pain and right shoulder pain with pain levels rated 9-10 out of 10. Activity levels and level of functioning were not discussed. Per the treating physician's progress report (PR), the IW was permanent and stationary. The physical exam, dated 09-23-2015, revealed tenderness to palpation over the lumbar spine, and decreased lumbar flexion by 30-40%. Relevant treatments have included: physical therapy (PT), home exercise program, electrical stimulation, work restrictions, and pain medications. The treating physician indicates that a Toradol injection was given intramuscularly on 09-23-2015. The request for authorization (09-23-2015) shows that the following procedure was requested and completed: retrospective Toradol injection 60mg per 2 ml (x1). The original utilization review (10-01-2015) non-certified the retrospective request for Toradol injection 60mg per 2 ml (x1).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Toradol inj 60mg/2ml x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. Toradol is specifically not indicated for chronic pain. In this case, the injured worker is not to have chronic pain. Toradol is not recommended for chronic pain, therefore, the request for retrospective request for Toradol inj 60mg/2ml x1 is determined to not be medically necessary.