

Case Number:	CM15-0199541		
Date Assigned:	10/14/2015	Date of Injury:	06/30/1999
Decision Date:	12/01/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/09/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 57 year old female with an industrial injury date of 06-30-1999. Medical record review indicates she is being treated for lumbar radiculopathy, bilateral knee pain and status post lumbar fusion in 2000 with hardware removal. Subjective complaints (08-06-2015) included low back pain radiating down the bilateral lower extremities. The pain is rated as 2 out of 10 on average with medications since last visit and 9 out of 10 in intensity on average without medications since last visit. Prior treatments included acupuncture, muscle relaxant, opioid pain medication and Toradol injection helped. She was taking Hydrocodone for pain with a 15 minute onset of pain relief. The medication lasted for 4-6 hours. Physical exam (08-06-2015) included tenderness in the spinal vertebral area lumbar 4-sacral 1 levels. Range of motion of the lumbar spine was moderately limited secondary to pain. Tenderness was noted on palpation at the left knee. The injured worker was given a Toradol injection for pain during the 08-06-2015 visit with reported pain relief. On 09-10-2015 the request for Toradol injection performed on 08-06-2015 was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol injection, performed 8/6/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Ketorolac (Toradol).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Keterolac.

Decision rationale: With regard to ketorolac (Toradol), the MTUS states: This medication is not indicated for minor or chronic painful conditions. Per the ODG guidelines with regard to Ketorolac injections, they are not recommended for the lumbar spine, but are recommended in the shoulder chapter: Recommended as an option to corticosteroid injections, with up to three subacromial injections. Avoid use of an oral NSAID at the same time as the injections. Injection of the NSAID Ketorolac shows superiority over corticosteroid injections in the treatment of shoulder pain. As Toradol injection to the lumbar spine is not supported by the guidelines, the request is not medically necessary.