

Case Number:	CM15-0207587		
Date Assigned:	10/26/2015	Date of Injury:	03/06/2002
Decision Date:	12/09/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/22/2015

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: 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 65 year old male who sustained an industrial injury 03-06-02. A review of the medical records reveals the injured worker is undergoing treatment for musculoligamentous sprain of the lumbar spine with right lower extremity radiculitis, disc protrusion at L3-S1, left mild S2 radiculopathy, and disc bulges at L2-S1. Medical records (09-10-15) reveal the injured worker complains of lower back aching, tightness, and pressure, as well as numbness and tingling radiating pain to the legs. The physical exam (09-10-15) reveals tenderness over the posterior superior iliac spines bilaterally. Prior treatment includes inversion table, lumbar support, therapy, H wave, lumbar epidural steroid injections, and medications including tramadol, naproxen, and omeprazole. The original utilization review (10-09-15) non certified the request for a ketorolac 60mg with lidocaine 1 ml injection. The documentation supports that the injured worker received a ketorolac injection on 04-01-15. There was no documentation submitted that addressed the effectiveness of this injection (04-01-15, 07-23-15, 09-10-15). The treating provider (04-01-15) reports that on the prior visit the injured worker received a ketorolac injection, which "significantly" reduced his pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ketorolac 60mg with Lidocaine 1ml injection for DOS 9/10/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Academic Emergency Medicine, Vol 5, pages 118-122.

Decision rationale: The current request is for a RETROSPECTIVE KETOROLAC 60MG WITH LIDOCAINE 1ML INJECTION FOR DOS 9/10/2015. The RFA is dated 09/11/15. Prior treatment includes inversion table, lumbar support, therapy, H wave, lumbar epidural steroid injections, and medications including Tramadol, naproxen, and omeprazole. The patient is not working. MTUS Guidelines, NSAIDs, specific drug list & adverse effects Section, page 72, regarding Toradol states: "Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions." Academic Emergency Medicine, Vol 5, pages 118-122, "Intramuscular Ketorolac vs oral ibuprofen in emergency department patients with acute pain" study demonstrated that there is no difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain. Per report 09/10/15, the patient complains of constant lower back pain with numbness and tingling radiating pain to the legs. The physical examination revealed tenderness over the posterior superior iliac spine bilaterally. The treater administered a Toradol injection for relief of the patient's back symptoms. While this patient presents with significant pain complaints, this medication is not recommended for chronic pain conditions. In the absence of an acute flare-up or re-injury for which the use of IM Toradol is considered an option, the requested injection cannot be supported. Therefore, request IS NOT medically necessary.