

Case Number:	CM15-0020706		
Date Assigned:	02/10/2015	Date of Injury:	08/12/2013
Decision Date:	03/31/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/04/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 44 year old male injured worker suffered and industrial injury on 8/12/2013. The diagnoses were chronic pain syndrome, sacroiliitis, lumbar radiculopathy, lumbar spondylitis and myofascial pain syndrome. The treatments were medications. The treating provider reported continued pain in the low back on 12/30/14. Physical examination of the lumbar spine revealed limited range of motion, muscle spasm, antalgic gait and tenderness on palpation. The medication list included tramadol, Lidoderm patch, Neurontin and Methocarbamol. Any diagnostic imaging report was not specified in the records provided. Any operative note was not specified in the records provided. The patient has had EMG of the LE that was negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Toradol 30mg, intramuscular injection of the lumbar (date of service: 12/30/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs), NSAIDS, Specific D. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 12/31/2014), NSAIDS, Specific Drug List & Adverse Effects, Ketorolac

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain Medical Treatment G.

Decision rationale: Request: Retrospective Toradol 30mg, intramuscular injection of the lumbar (date of service: 12/30/2014). According to MTUS guidelines regarding toradol (ketorolac), "This medication is not indicated for minor or chronic painful conditions." Per the records provided patient had chronic low back pain. Cited guidelines do not recommended toradol for chronic painful conditions. In addition, any intolerance to oral medication is not specified in the records provided. Patient had sustained the injury in 8/12/2013 and any evidence of acute exacerbation of pain was not specified in the records provided. The medical necessity of the request for Retrospective Toradol 30mg, intramuscular injection of the lumbar (date of service: 12/30/2014) is not fully established in this patient.