

Case Number:	CM15-0025450		
Date Assigned:	03/19/2015	Date of Injury:	04/03/1998
Decision Date:	04/20/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/10/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 64 year old male, who sustained an industrial injury on April 3, 1998. The injured worker was diagnosed as having depression. Treatment to date has included oral and injected medications. Currently, the injured worker complains of problems with pain, sleep, nightmares, control of his irritability, and feeling sad and depressed. The Psychological Consultation Report dated March 2, 2015, was the single physician's report submitted for review. The Psychologist noted the injured worker worn down emotionally, withdrawn, and more depressed as his pain increases. The injured worker was noted to be in more pain, with increased anxiety in part due to the uncertainty regarding authorization for treatment. The injured worker was noted to receive help with the pain from the injections, without which he was noted to be more irritable and stressed. The Psychologist requested twelve sessions of pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 12/2/14) Ketotorolac Tromethamine 60mg, IM, Lumbar spine (lower back) as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 70.

Decision rationale: Guidelines state that IM ketorolac is not recommended in minor or chronic painful injuries. In this case, the patient is suffering from a chronic nonmalignant pain syndrome of the low back. Based on the clinical documentation provided, the request for ketorolac 60 mg IM is not medically appropriate and necessary.