

Case Number:	CM15-0221866		
Date Assigned:	11/17/2015	Date of Injury:	06/16/2003
Decision Date:	12/30/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/11/2015

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 45-year-old male who sustained an industrial injury on June 16, 2003. The worker is permanent and stationary. The worker is being treated for: degeneration of lumbar intervertebral disc, insomnia, low back pain, lumbar disc displacement, and post laminectomy syndrome lumbar region. Subjective: April 07, 2015 he reported complaint of lower back pain that radiated into left anterior thigh down to foot accompanied by numbness and weakness. June 2015 low back and left lower extremity pain. Objective: July 28, 2015 noted lumbar spine pain on bilateral sides at L3 S1; gait appears antalgic, anterior lumbar flexion caused pain. Diagnostic: radiographic study, MRI, CT scan and bone scan. Medication: November 12, 2013, July 2014: Carisoprodol, Flexeril, Fentanyl, Oxycodone, Oxymorphone, and Zolpidem. April 2015: Flexeril and noted denial for Soma, Fentanyl patch, Percocet, and Ambien. May 2015: Ambien, Fentanyl, Soma, and Percocet. Treatment: anterior disc replacement and fusion lumbar 2009, laminectomy 2005, medication, course of physical therapy, application of ice, transforaminal epidural injection March 2015, LESI 2014 noted 50 to 60% relief, June 2015 noted requested facet rhizotomy. On October 26, 2015 a request was made for a Toradol injection 60mg that was noncertified by Utilization Review on November 03, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol injection 60mg: 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. The injured worker has had Toradol injections previously, and the efficacy of these injections is not reported in terms of pain reduction or objective functional improvement. The request for Toradol injection 60mg is determined to not be medically necessary.