

Case Number:	CM15-0225792		
Date Assigned:	11/24/2015	Date of Injury:	06/30/1999
Decision Date:	12/31/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/17/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 who sustained a work related injury on 6-30-99. A review of the medical records shows she is being treated for low back pain. In the Pain Medicine Re-Evaluations dated 9-3-15 and 10-1-15, the injured worker reports constant low back pain that radiates down both legs, right greater than left. She reports constant tingling in both legs all the way down to toes. She describes the pain as aching, sharp and severe. She rates her pain level a 3-5 out of 10 with medications. She rates the pain level an 8-9 out of 10 without medications. She reports her pain is worse than last visit. Upon physical exam dated 10-1-15, she has tenderness upon palpation of the lumbar spinal vertebral are L4-S1 levels. Lumbar range of motion is moderately limited due to pain. She has tenderness of left knee. Treatments have included oral medications, Toradol injections, acupuncture, and lumbar surgery x 2. Current medications include Hydrocodone-Acetaminophen, Celebrex, Glucosamine with Chondroitin, Lyrica, Naproxen, Advair, Mirtazapine, Oxybutynin, Venlafaxine and Omeprazole. She is not working. The treatment plan includes a Toradol injection that was given at the 10-1-15 office visit. The Request for Authorization dated 10-14-15 has requests for lumbar epidural steroid injections, and for medications of Glucosamine with Chondroitin, Hydrocodone, Omeprazole, Lyrica, Naproxen and Flexeril. In the Utilization Review dated 10-20-15, the requested treatment of a retro Toradol injection on 10/1/15 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Toradol Injection Performed On 10/1/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

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 Official Disability Guidelines (ODG) Pain / Ketorolac (Toradol).

Decision rationale: Per CA MTUS, Chronic Pain Guidelines, NSAIDs, specific drug list & adverse effects: Ketorolac (Toradol) "This medication is not indicated for minor or chronic painful conditions." As CA MTUS guidelines do not recommend the use of ketorolac/toradol for use in minor or chronic painful conditions the injection is not medically necessary and the recommendation is for non-certification. Per ODG Pain/Ketorolac (Toradol): "The injection is recommended as an option to corticosteroid injections in the Shoulder Chapter, with up to three injections. (Min, 2011) Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy." In this case the patient does not meet ODG criteria, thus the injection is not medically necessary and the recommendation is for non-certification.