

Case Number:	CM15-0040281		
Date Assigned:	03/10/2015	Date of Injury:	04/17/1996
Decision Date:	04/17/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/03/2015

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:

This 63-year-old female sustained a work related injury on 04/17/1996. According to a progress report dated 01/23/2015, the injured worker reported ongoing discomfort in her lower lumbar region, gluteal pain, ongoing discomfort in the neck, periscapular region that was increased in intensity. The injured worker request changes in medication due to Duexis and Flexeril were not giving her adequate relief. She wanted to be placed on Soma. Impression included history of anterior cervical fusion C4 to C7 radiographically stable and intact, adjacent segment pathology C3-C4 facet arthropathy potentially also at the C7-T1 level with ongoing mechanical radicular symptoms upper extremities worsening pain in nature, history of low back pain fusion L5-S1 with anterior approach with retained interbody cates. As well as adjacent segment pathology at L4-L5 with mechanical pain as well radicular pain of her right lower extremity greater than left and right knee meniscal pathology continuing to be symptomatic followed by orthopedic surgeon independently. Recommendations included referral, Toradol intramuscular injections, Terocin cream, Voltaren Gel, Zanaflex and Zorvolex diclofenac pills. Work restrictions included light work duty capacity to avoid heavy lifting, twisting, bending, pushing, and pulling greater than 10 to 15 pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol injections monthly 3-6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs). Decision based on Non-MTUS Citation Physician's Desk Reference, online edition; Therapeutic Class NSAID.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available) Page(s): 72.

Decision rationale: This patient has a date of injury of 04/17/09 and presents with low back, gluteal, neck and periscapular region pain. The current request is for TORADOL INJECTIONS MONTHLY 3-6 MONTHS. The Request for Authorization is not provided in the medical file. The MTUS Guidelines states regarding Toradol: Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions. Review of reports does not show any discussion regarding the use of Toradol injection other than for the patient's chronic pain. MTUS does not support Toradol for chronic pain. Academic Emergency Medicine, Vol 5, 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. The medical file provided for review includes only one progress report. In this case, the treating physician has not documented that the current injection request is for an acute episode of pain and there is no rationale provided for the requested injection. This request IS NOT medically necessary.