

Case Number:	CM15-0041450		
Date Assigned:	03/11/2015	Date of Injury:	09/18/2000
Decision Date:	04/20/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/04/2015

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: New York, Tennessee
 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 43 year old female, who sustained an industrial injury on September 18, 2000. The injured worker was diagnosed as having lumbosacral disc bulge and right knee internal derangement. Treatment to date has included non-steroidal anti-inflammatory injection and pain, muscle relaxant, and non-steroidal anti-inflammatory medications. On December 24, 2014, the injured worker complains of continuing low back and bilateral knee pain with swelling and grinding. The physical exam revealed no gross lumbar spine deformity, spasm is present in the lower lumbar region, increased pain with motion, tenderness to palpation of the paraspinal area, positive right straight leg raise, and decreased range of motion. The bilateral knees have crepitus, no muscle atrophy, moderate effusion, and point tenderness along the medial and lateral joint lines. The range of motion of the right knee was decreased and the left knee was normal. There was decreased sensation of the right thigh. The treatment plan includes the administration of non-steroidal anti-inflammatory and steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Toradol 60mg/ml injection DOS: 12/24/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 67-68, 72.

Decision rationale: Toradol is a non-steroidal anti-inflammatory drug (NSAID). Chronic Medical Treatment Guidelines state that anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted. For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for GI toxicity and renal function have been reported. Medications for chronic pain usually provide temporary relief. Medications should be prescribed only one at a time and should show effect within 1-3 days. Record of pain and function with the medication should be documented. Toradol is not indicated for minor or chronic painful conditions. Adverse effects for GI toxicity and renal function have been reported. The FDA boxed warning would relegate this drug to second-line use unless there were no safer alternatives. In this case there is no documentation that the patient has failed treatment with first-line treatments Toradol is not indicated. The request should not be authorized.