

Case Number:	CM15-0051044		
Date Assigned:	03/24/2015	Date of Injury:	04/24/2012
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 21-year-old male, who sustained an industrial injury on 04/24/2012. He has reported injury to the low back. The diagnoses have included lumbar sprain/strain; lumbar discogenic syndrome; and myofascial pain. Treatment to date has included medications, bracing, and physical therapy. Medications have included Norco and Nucynta. A progress report from the treating provider, dated 12/31/2014, documented an evaluation with the injured worker. Currently, the injured worker complains of constant low back pain radiating to the left and right lower extremities; and pain is rated 8-10/10 on the visual analog scale. Objective findings were noted to include tenderness to the lumbar paraspinal muscles. The plan of treatment included an injection for the pain. Request is being made for Toradol 10mg Injection Lumbar Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 10mg Injection Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Ketorolac (Toradol).

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for chronic radiating low back pain. Medications have not provided benefit. Opioid medication continues to be prescribed. The oral form of Toradol (Ketorolac) is recommended for short-term management of moderately severe, acute pain following surgical procedures in the immediate post-operative period. This medication is not indicated for minor or chronic painful conditions. Guidelines recommend Ketorolac, administered intramuscularly, as an alternative to opioid therapy. In this case, the claimant was also prescribed Norco. Therefore, a Toradol injection was not medically necessary.