

Case Number:	CM15-0052128		
Date Assigned:	03/25/2015	Date of Injury:	12/07/2007
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/19/2015

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 52-year-old male who sustained an industrial injury on 12/07/2007. Current diagnoses include cervical strain, lumbar strain, sexual dysfunction, abdominal pain, headaches, and sleep apnea. Previous treatments included medication management. Initial complaints included low back and left leg. Report dated 01/29/2015 noted that the injured worker presented with complaints that included persistent aching, stabbing low back pain with pins and needles sensation in the left leg. Pain level was rated as 7-8 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included an intramuscular injection of Toradol to alleviate the pain, medication refills, and return for follow-up as needed. Disputed treatment includes retrospective Toradol injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Toradol injection 2cc IM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 has a remote history of a work-related injury and continues to be treated for chronic low back pain. When seen, medications prescribed included Norco and Tramadol. 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 opioid medications on the date of service. Therefore, the Toradol injection was not medically necessary.