

Case Number:	CM15-0055257		
Date Assigned:	03/30/2015	Date of Injury:	06/30/2004
Decision Date:	05/04/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/23/2015

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:

The injured worker is a 61-year-old female, who sustained an industrial injury on 6/30/04. The injured worker was diagnosed as having chronic lumbar myofascial pain, status post artificial disc replacement with anterior fusion, left greater than right lumbosacral radiculopathy, bilateral foot pain, exacerbation of low back and lower extremity pain, chronic pain and insomnia. Treatment to date has included oral medications, disc replacement and anterior posterior lumbar fusion. Currently, the injured worker complains of increased pain in low back greater on left and extending down left leg. The injured worker stated she is increasing Gabapentin without relief of pain and a Toradol injection on 2/19/15 relieved pain for approximately 2 hours. Upon physical exam, spasms are noted in the low back with tenderness over the sciatic notch and decreased sensation along the left lateral aspect of the lower leg and anterolateral thigh greater on the left. The treatment plan consists of (MRI) magnetic resonance imaging, discontinuing Tizanidine, trial of Flexeril, Fenoprofen, Protonix, Ultram and a follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: Toradol 60mg IM injection one on 02/19/2015: Upheld

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

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

Decision rationale: The patient presents with ongoing low back and neuropathic pain in the lower extremity. The request is for Retrospective Request: Toradol 60mg IM Injection Done On 2/19/2015. The request for authorization is dated 02/19/15. The patient is status-post back surgery, date unspecified. Physical examination of the lower back reveals acute muscle spasms palpating the lumbar paraspinal musculature with associated swelling in the region. Range of motion due to pain is limited. Straight leg raise continues to cause burning pain. There is hypoesthesia along the L5 dermatomal pattern. The patient has difficulty walking due to weakness. The patient's medications include Flexeril, Fenoprofen, Protonix and Ultram. The patient is permanent and stationary. MTUS states on pg.72, Ketorolac "This medication is not indicated for minor or chronic painful conditions." 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." Per progress report dated, 02/19/15, treater's reason for the request is "After performing the scheduled follow-up evaluation, it became apparent based upon the examination performed that a Toradol injection was appropriate per the MTUS guidelines." However, the treater does not discuss why the patient needs a Toradol injection as opposed to taking an oral NSAID, which provides comparable levels of analgesia. Additionally, MTUS does not recommend this medication for "chronic painful conditions." Therefore, the request is not medically necessary.