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| Case Number: | CM15-0056540 | | |
| Date Assigned: | 04/01/2015 | Date of Injury: | 01/13/2012 |
| Decision Date: | 05/05/2015 | UR Denial Date: | 02/19/2015 |
| Priority: | Standard | Application Received: | 03/25/2015 |

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 50 year old male, who sustained an industrial injury on 1/13/2012. He reported injury to the cervical, thoracic and lumbar spine. The mechanism of injury was not provided for review. The injured worker was diagnosed as having cervical musculoligamentous sprain, cervical spine spondylosis, lumbar degenerative disc disease, lumbar radiculopathy, lumbar facet arthropathy and status post partial lumbar laminectomy with failed back syndrome. Thoracic magnetic resonance imaging showed multilevel degenerative disc disease. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 2/9/2015, the injured worker complains of headaches and low back pain with spasms. The treating physician is requesting Toradol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 60mg IM injection (11/24/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac Page(s): 127.

Decision rationale: According to MTUS guidelines, <Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions >. Toradol is recommended for severe acute pain for a short period of time. According to MTUS guidelines, Toradol is not indicated in case of minor or chronic painful condition. Therefore, the prescription of Toradol 60mg IM injection is not medically necessary.