

Case Number:	CM15-0075877		
Date Assigned:	07/16/2015	Date of Injury:	07/21/1997
Decision Date:	08/18/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/21/2015

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, Hawaii
 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 67 year old female who sustained an industrial injury on 7/21/97. The mechanism of injury was unclear. She is currently experiencing increased left sided low back and hip pain with radiation down the left leg to the calf; worsening headaches; worsening left knee pain; worsening insomnia. Medications allow her to perform activities of daily living. She ambulates with a cane. Medications were Percocet, trazadone. Diagnoses include intervertebral lumbar disc disorder with myelopathy, lumbar region; intervertebral cervical disc disorder with myelopathy; dysthymic disorder; sleep disorder; gastritis; migraines; irritation of nerve root. On 4/8/15 Utilization Review evaluated a request for Toradol injection monthly times six.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Monthly Toradol 60mg injections: Upheld

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

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

Decision rationale: The patient presents with pain affecting the left sided low back and hip pain with radiation down the left leg to the calf. The current request is for 6 Monthly Toradol 60mg injections. There was only one progress report provided for review. The treating physician report dated 3/18/15 (32B) states, "Toradol 60 mg IM for acute pain today only." The MTUS guidelines state for Ketorolac (Toradol), "This medication is not indicated for minor or chronic painful conditions." The medical report provided, shows documentation of a moderate to severe acute flare-up that would appear to require a Toradol injection. In this case, while the patient is experiencing a marked increase in her low back pain which is described as intense, the current request for 6 monthly Toradol injections without documentation of functional improvement is excessive. Furthermore, Toradol injections are only supported for moderate to severe acute flare-up and there is no rationale provided by the treating physician as to why the patient's acute flare-up will require 6 monthly Toradol injections. The current request is not medical necessary.