

Case Number:	CM15-0081133		
Date Assigned:	05/01/2015	Date of Injury:	06/05/2011
Decision Date:	06/03/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/28/2015

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, New York
Certification(s)/Specialty: Family Practice

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 49-year-old female, who sustained an industrial injury on 6/5/11. She has reported initial complaints of low back injury with pain after pushing a box of lettuce. The diagnoses have included lumbar discogenic syndrome, thoracic strain/sprain, thoracic discogenic syndrome, right knee strain, knee pain, gastritis, insomnia and depression. Treatment to date has included topical medications, medications by mouth, activity modifications, transcutaneous electrical nerve stimulation (TENS), and home exercise program (HEP). Currently, as per the physician progress note dated 3/24/15, the injured worker complains of low back and bilateral knee pain that was rated 9/10 on pain scale which was increased from last visit which was 8/10. She has had a pain in her neck with a throbbing headache since 3/21/15 and feels that the back pain radiates up to her neck. The current medications included Venlafaxine, Gabapentin and Mirtazapine. The physician requested treatment included Toradol 30mg intramuscular lumbar spine for severe pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 30mg intramuscular lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67-68, 72.

Decision rationale: The request is considered not medically necessary. The patient had received a Toradol injection previously without objective improvement in pain and function. The patient was also documented to have an episode of confusion 20 minutes after the injection, which is a rare side effect. This was particularly dangerous as the patient was confused while driving. According to MTUS guidelines, it is not indicated for chronic painful conditions. Therefore, the request is considered not medically necessary.