

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0081433 | | |
| Date Assigned: | 05/04/2015 | Date of Injury: | 04/17/1996 |
| Decision Date: | 06/02/2015 | UR Denial Date: | 04/06/2015 |
| 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, Alabama, 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:

This 63 year old female sustained an industrial injury on 4/17/96. She subsequently reported neck and back pain. Diagnoses include cervical facet arthropathy and status post cervical fusion. Treatments to date include x-ray and MRI testing, injections, surgery, physical therapy and prescription pain medications. The injured worker continues to experience cervical and lumbar back pain. Upon examination, range of motion is reduced, Spurling's test is positive and there is tenderness to palpation of the paracervical musculature noted. A request for Monthly Toradol Injections x 6 Months was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly Toradol Injections x 6 Months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Toradol
 Page(s): 73.

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. There is no documentation that the patient is suffering from acute pain. The patient's current pain is clearly chronic. Therefore, the request for Monthly Toradol Injections x 6 Months is not medically necessary.