

Case Number:	CM15-0081985		
Date Assigned:	05/04/2015	Date of Injury:	09/14/1995
Decision Date:	06/04/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/29/2015

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, Pain Management

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 62-year-old female, who sustained an industrial injury on 9/14/95. The injured worker was diagnosed as having lumbago, cervical pain/cervicalgia, myofascial pain syndrome, fibromyalgia and encounter for long-term use of medications. Treatment to date has included cervical to lumbar fusion and instrumentation, oral medications, topical medications, physical therapy and trigger point injections. Currently, the injured worker complains of horrible neck pain and back pain. Physical exam noted decreased range of motion of cervical spine and tenderness of lumbar spine at facet joint with decreased range of motion. The treatment plan included a Toradol injection and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Toradol injection 60mg/2 cc IM, right gluteal: 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): 72.

Decision rationale: Regarding the request for Ketolorac, Chronic Pain Medical Treatment Guidelines state this medication is not indicated for minor or chronic painful conditions. The FDA notes it is used short-term (5 days or less) to treat moderate to severe pain. Within the information available for review, there is documentation of severe pain. However, guidelines note it is not indicated for chronic painful conditions, and there is no documentation of a recent flare up with no or worsened objective findings in a progress note from 3/6/2015. The patient reported a pain score of 7/10 with medications overall. As such, the currently requested injection is not medically necessary.