

Case Number:	CM14-0134359		
Date Assigned:	08/27/2014	Date of Injury:	02/27/2001
Decision Date:	09/24/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/20/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53-year-old who has submitted a claim for low back pain, lumbosacral spondylosis w/o myelopathy, facet arthropathy, thoracic or lumbosacral neuritis or radiculitis, chronic pain due to trauma, personal history of tobacco use, COAT, gastric ulcer, myalgia and myositis, unspecified, sacroiliitis, and sciatica associated with an industrial injury date of February 27, 2011. Medical records from April 19, 2012 to August 8, 2014 were reviewed and showed that patient complained of low back pain graded 5-9/10 radiating down bilateral gluteal area and thighs. Physical examination revealed a normal gait, spasm over the lumbar paraspinal muscles, full ROM except extension with pain, positive SLR test on the tight, and pain in the buttocks and lumbar facet joints with loading maneuvers. MRI of the lumbar spine (date unavailable) revealed lumbar spondylosis with degenerative joint disease and facet arthropathy. Treatment to date has included radiofrequency lumbar medial branch neurotomy at L3, L4, and L5 bilaterally (March 20, 2013), Ketorolac Tromethamine 10mg (quantity not specified; prescribed since December 28, 2012), physical therapy, and pain medications. Utilization review dated August 7, 2014 denied the request for Ketorolac Tromethamine 10mg #20 because the medication was not intended for minor or chronic painful conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketorolac tromethamine 10 mg, twenty count: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Toradol is not recommended for chronic painful conditions. NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. In this case, the patient was prescribed Ketorolac Tromethamine 10mg (quantity not specified) since December 28, 2012 for chronic back pain. However, the guidelines do not recommend use of Ketorolac for chronic painful conditions. Moreover, the long-term use of Ketorolac is not supported by the guidelines as there is no evidence of long-term effectiveness for pain or function with NSAIDs use. Therefore, the request for Ketorolac tromethamine 10 mg, twenty count, is not medically necessary or appropriate.