

Case Number:	CM14-0144939		
Date Assigned:	09/12/2014	Date of Injury:	07/27/2011
Decision Date:	10/30/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/08/2014

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 Occupational Medicine and is licensed to practice in New York. 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 injured worker is a 60 year old male presenting with a history of a work related accident that occurred on 7/27/2011. He reported pain in the neck, lower back, knees, and hands. His symptoms persisted and became chronic in nature. He was given a Toradol 15 mg injection on 7/1/2014. The medical necessity of this injection is under review in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Toradol 15mg IM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, SPECIFIC DRUG LIST AND ADVERSE EFFECTS Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Non-steroidal Anti-inflammatory Drugs

Decision rationale: Official Disability Guidelines state that Toradol is indicated in the treatment of acute pain symptoms. However, this worker had chronic pain by 7/1/14 as his work accident occurred in 2011. In addition, the Medical Treatment Utilization Schedule guidelines state that

Toradol (ketorolac) is not indicated for chronic painful conditions. Therefore, the requested injection given on 7/1/2014 is not medically necessary.