

Case Number:	CM14-0146882		
Date Assigned:	09/12/2014	Date of Injury:	05/11/2012
Decision Date:	10/31/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/10/2014

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 Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 54 year old female with complaints of low back pain and radiating leg pain. The date of injury is 5/11/12 and the mechanism of injury is not elicited in the notes provided. At the time of request for retro Toradol 60mg/2ml x 4 per year, there is subjective (low back pain) and objective (tenderness lumbar spine, decreased range of motion lumbar spine, tenderness to palpation) findings, imaging findings (no reports submitted), diagnoses (lumbago, disc degeneration lumbar spine, myofascial pain syndrome/fibromyalgia, facet arthropathy), and treatment to date (Medial branch blocks, medications, physical therapy). NSAIDs may be beneficial in the treatment of mixed pain syndrome such as osteoarthritis combined with neuropathic pain. Specifically, Ketorolac administered intramuscular route is a very potent NSAID and prostaglandin inhibitor that is very effective at treating acute pain flare ups. Ketorolac is for limited duration use and should not be used on a chronic daily basis as adverse effects include but not limited to acute gastrointestinal bleeding, renal, and liver failure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Toradol 60mg / 2ml x 4 per year: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet Joint Diagnostic Block (Injections)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(Chronic), Ketorolac-NSAIDs

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines and ODG treatment decisions, NSAIDs may be beneficial in the treatment of mixed pain syndrome such as osteoarthritis combined with neuropathic pain. Specifically, Ketorolac administered intramuscular route is a very potent NSAID and prostaglandin inhibitor that is very effective at treating acute pain flare ups. Ketorolac is for limited duration use and should not be used on a chronic daily basis as adverse effects include but not limited to acute gastrointestinal bleeding, renal, and liver failure. In review of the medical records and physician progress note, this seems to be in accordance with guidelines. Therefore, the request retroactively for intramuscular injection of Toradol 60mg / 2ml x 4 Per Year is medically necessary.