

Case Number:	CM14-0147128		
Date Assigned:	09/15/2014	Date of Injury:	03/14/2012
Decision Date:	10/16/2014	UR Denial Date:	08/21/2014
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 Emergency Medicine and is licensed to practice in Texas. 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 26-year-old male who reported an injury due to heavy lifting on 03/14/2012. On 05/02/2014, his diagnoses included lumbar slipped disc. He reported constant, sever pain in his low back rated 7/10. He was given an intramuscular injection of Toradol 60 mg for pain due to flare ups. On 07/29/2014, his low back pain was rated 8/10. He was given an intramuscular injection of Toradol 60 mg for pain due to flare ups. A Request for Authorization dated 08/15/2014 was included in his chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Toradol 60MF IM (Intramuscular) injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 67-73..

Decision rationale: The California MTUS Guidelines recommend NSAIDs at the lowest possible dose of the shortest period of time in patients with moderate to severe osteoarthritis pain. The guidelines further state that there is inconsistent evidence for the use of these medications to treat long term neuropathic pain. For acute exacerbations of chronic low back

pain, NSAIDs are recommended as a second line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. Toradol is not indicated for minor or chronic painful conditions. The clinical information submitted failed to meet the evidence based guidelines for the use of Toradol. Additionally, the request did not specify the muscle or muscle groups that the injection was to be given in nor the reason for the injection. Furthermore, it is unclear what 60MF indicates. Therefore, this request for Retrospective Toradol 60MF IM (Intramuscular) injection is not medically necessary and appropriate.