

Case Number:	CM14-0149435		
Date Assigned:	09/18/2014	Date of Injury:	03/19/1996
Decision Date:	10/17/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/15/2014

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 California. 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:

According to the records made available for review, this is a 58-year-old male with a 3/19/96 date of injury. At the time (6/3/14) of the request for authorization for Orthopedic Surgery Appointment 9/02/14, Toradol 60mg injection, and retro: Toradol 60mg injection, there is documentation of subjective (continued complaints of low back pain, indicate he has been experiencing an acute exacerbation over the last few days) and objective (tenderness in the lower lumbar paravertebral musculature, decreased range of motion, positive sitting straight leg raise examination bilaterally) findings, current diagnoses (failed low back surgery syndrome), and treatment to date (Toradol injections). Regarding Toradol 60mg injection and retro: Toradol 60mg injection, there is no documentation of moderately severe acute pain that requires analgesia at the opioid level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Surgery Appointment 9/02/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Management Specialist.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office visits

Decision rationale: The MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of diagnoses of failed low back surgery syndrome. In addition, given documentation of failed low back surgery syndrome, there is documentation of a clinical condition necessitating office visits in order to monitor the patient's progress and make modifications to the treatment plan. Therefore, based on guidelines and a review of the evidence, the request for Orthopedic Surgery Appointment 9/02/14 is medically necessary.

Toradol 60mg injection: 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 Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ketorolac (Toradol), NSAIDs

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that Ketorolac (Toradol) is not indicated for minor or chronic painful conditions. ODG identifies documentation of moderately severe acute pain that requires analgesia at the opioid level, as criteria necessary to support the medical necessity of Ketorolac injection. In addition, ODG identifies that Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. Within the medical information available for review, there is documentation of diagnoses of failed low back surgery syndrome. However, despite documentation of an acute exacerbation, there is no documentation of moderately severe acute pain that requires analgesia at the opioid level. Therefore, based on guidelines and a review of the evidence, the request for Toradol 60mg injection is not medically necessary.

Retro: Toradol 60mg injection: 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 Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ketorolac (Toradol), NSAIDs

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that Ketorolac (Toradol) is not indicated for minor or chronic painful conditions. ODG identifies documentation of moderately severe acute pain that requires analgesia at the opioid level, as criteria necessary to support the medical necessity of Ketorolac injection. In addition, ODG

identifies that Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. Within the medical information available for review, there is documentation of diagnoses of failed low back surgery syndrome. However, despite documentation of an acute exacerbation, there is no documentation of moderately severe acute pain that requires analgesia at the opioid level. Therefore, based on guidelines and a review of the evidence, the request for Retro: Toradol 60mg injection is not medically necessary.