

Case Number:	CM14-0217225		
Date Assigned:	01/07/2015	Date of Injury:	07/13/2012
Decision Date:	02/28/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 (IW) is a 44-year-old man with a date of injury of July 13, 2012. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are musculoligamentous sprain/strain, lumbar spine; and multilevel disc pathology in the lumbar spine. Pursuant to the progress reports dated November 17, 2014, the IW reports his pain is about the same and is 4/10 with medications and 6/10 without medications. He requests a Toradol injection due to a pain flare-up. He notes that this has been helpful in the past. He recently had a flare-up at work but the pain is back to baseline. He still has pain radiating from the LB to the LLE. The LLE symptoms are rare, but are associated the numbness. His low back muscle spasms are reduced with muscle relaxants. He takes Norco as needed, but reports he does not use it daily. Objectively, normal reflex, sensory and power testing to bilateral upper and lower extremities is notegot tropicaloradold. Straight leg raise tests are negative bilaterally. There is a lumbar tenderness and spasms noted in the lumbar musculature. He continues with a home exercise program. Current medications include Cyclobenzaprine, Pantoprazole, and Norco. The IW received an IM Toradol injection. The current request is for IM Toradol 60mg (DOS: 11/17/14).

IMR ISSUES, DECISIONS AND RATIONALES

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

IM Toradol 60mg (dos 11/17/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68. Decision based on Non-MTUS Citation ODG Pain (updated 11/21/14) Ketorolac (Toradol)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI, Page(s): 22, 67. Decision based on Non-MTUS Citation Pain Section, Toradol

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Toradol IM 60 mg date of service November 17, 2014 is not medically necessary. Toradol is not indicated for minor or chronic painful conditions. The oral form is only recommended for short-term (up to five days) and management of moderately severe acute pain that requires analgesia at the opiate level and only as continuation following IV or IM dosing, if necessary. The injured worker's working diagnoses are musculoligamentous sprain/strain, lumbar spine; and multilevel disc pathology in the lumbar spine. The documentation shows the patient has had a Toradol injection due to a pain flare-up in the past. The injured worker claims he had a recent flare-up but the pain is back to baseline. The injured worker has pain radiating from the LB (Low back) to the left lower extremity. Low back spasms are reduced with muscle relaxants. She takes Norco PRN with a normal neurologic evaluation. Toradol is not indicated for chronic painful conditions. Toradol is indicated for management of moderate to severe acute pain. The injured worker, at the time of the requested injection, was back to baseline. Consequently, absent documentation to support an acute flare-up at the time injured worker was back to baseline, Toradol IM 60 mg date of service November 17, 2014 is not medically necessary.