

Case Number:	CM14-0218636		
Date Assigned:	01/08/2015	Date of Injury:	09/27/2005
Decision Date:	03/04/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/30/2014

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 64 year old female, who sustained an industrial injury on 9/27/2005. The 11/21/2014 office visit report indicates she had 7/10 pain that was well controlled with her opioid medications. in her She has reported radiating low back pain and bilateral knee pain, and is on chronic opioid management. The physical examination was positive for abnormal posture, Limited range of motion of the lumbar spine, generalized exquisitely tender lumbar, particularly the L3-S1 paravertebral areas, Lumbar spasms, and 10/10 pain. Tender knee. The diagnoses have included lumbar radiculopathy; lumbar degenerative disc disease; failed back syndrome; post-laminectomy lumbar syndrome; and bilateral knee osteoarthritis. Treatment Soma, Elavil, Trazadone, Senna, and Norco. The Injured worker was given 15mg Toradol injection but this is being disputed. On 12/8/2014 Utilization Review non-certified, for medical necessity, the request for a Toradol injection 15mg, noting the MTUS chronic pain treatment guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol injection 15mg QTY: 1.0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 72. Decision based on Non-MTUS Citation ODG Workers? Compensation Drug Formulary; Pain (Chronic)

Decision rationale: The injured worker sustained a work related injury on 9/27/2005. The medical records provided indicate the diagnosis of lumbar radiculopathy; lumbar degenerative disc disease; failed back syndrome; post-laminectomy lumbar syndrome; and bilateral knee osteoarthritis. Treatment Soma, Elavil, Trazadone, Senna, and Norco. The Injured worker was given 15mg Toradol injection but this is being disputed. The medical records provided for review do not indicate a medical necessity for Toradol injection 15mg QTY: 1.0. The MTUS does not recommend this medication for minor or chronic painful conditions. The records indicate she has 7/10 pain, feels well "today"; but also, stated in the Lumbar examination section she has severe constant achy 10/10 pain. The diagnosis included acute back pain, chronic back pain. There was no documentation of any exacerbating factors. The Official Disability Guidelines, does not recommend the oral for as a first line agent, and classifies it as an "N" drug, meaning utilization review is needed if used orally. This guidelines also says it has to be used for opioid level pain. There, since this is a chronic condition, and there was no documentation of a recent flare up, the requested treatment is not medically necessary and appropriate.