

Case Number:	CM15-0013320		
Date Assigned:	03/11/2015	Date of Injury:	12/06/2011
Decision Date:	04/14/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/23/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 35-year-old female who sustained an industrial injury on 12/06/2011. She has reported persistent symptoms of aching of the neck with associated pain in the right shoulder and numbness. The IW also complains of burning low back pain on the right side and pain in the ankle with a pins and needles sensation. Diagnoses include C2-C5 disc protrusions with annular tearing; thoracic strain; Lx-S1 disc protrusions with L4-5 stenosis, and right ankle strain postoperative. Treatment to date includes medications. A progress note from the treating provider dated 10/29/2014 indicates the IW has limited neck range of motion with tenderness in the paraspinal muscles of the thoracic and lumbar regions bilaterally. The right lower back has a 25 percent decrease in strength and range of motion as compared to the left. The right ankle shows a well-healed lateral incision. The treatment plan is for three shots of Toradol a year, as well as Norco 10/325, Ultram 50 mg, and Ambien 10 mg. On 01/06/2015 Utilization Review non-certified a request for 1 Toradol IM injections (60mg/2cc) in one year. Non-MTUS., Official Disability Guidelines (ODG), Pain Procedure summary was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Toradol IM injections (60mg/2cc) in one year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac Page(s): 127.

Decision rationale: According to MTUS guidelines, Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions. Toradol is recommended for severe acute pain for a short period of time. According to MTUS guidelines, Toradol is not indicated in case of minor or chronic painful condition. In this case, the patient has reported persistent symptoms of aching of the neck with associated pain in the right shoulder and numbness. Therefore, the prescription of Toradol IM injection is not medically necessary.