

Case Number:	CM15-0015369		
Date Assigned:	02/03/2015	Date of Injury:	09/21/1996
Decision Date:	03/27/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/27/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 54 year old male who sustained an industrial injury on 09/21/1996. The current diagnoses include myofascial pain with acute flare in the intervertebral disc disease. Treatments to date include medication management and home exercise program. Report dated 01/14/2015 noted that the injured worker presented with complaints that included increased back pain, requesting a Toradol injection and refill of Tramadol. The pain score was reported to be 6/10 on a scale of 0 to 10. Physical examination was positive for tenderness of the lumbar paraspinal areas and decreased range of motion of the lumbar spine and knee. The medications listed are Tramadol, Naproxen and Protonix. The utilization review performed on 01/22/2015 non-certified a prescription for 1 Toradol injection based on the the dosage exceeds the recommended guidelines. The reviewer referenced the California MTUS and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Toradol Injections 60mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 67-73.

Decision rationale: The CA MTUS recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The use of multiple NSAIDs is associated with increased risk of cardiac, renal and gastrointestinal complications. The guidelines recommend that injectable NSAIDs such as Toradol can be utilized for the short term treatment of severe pain in the acute care setting. The records indicate the the pain score was reported as 6/10, a level not classified as severe pain. There were no documented subjective and objective findings consistent with a diagnosis of severe pain status. The patient was also utilizing multiple pain medications. The criteria for Toradol injection 60mg was not met.