

Case Number:	CM15-0116096		
Date Assigned:	06/24/2015	Date of Injury:	08/05/2009
Decision Date:	07/28/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/16/2015

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: California

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 is a 54-year-old male, who sustained an industrial injury on 8/5/2009. Diagnoses have included acute back pain, chronic low back pain, lumbosacral spondylosis, lumbosacral disc degeneration, lumbosacral neuritis unspecified and lumbar post-laminectomy syndrome. Treatment to date has included lumbar radiofrequency ablation, Toradol injections and medication. According to the progress report dated 6/4/2015, the injured worker complained of back pain, back stiffness, decreased extension and lower extremity numbness. He rated his pain as 7/10. He reported that past radiofrequency neurolysis diminished the pain by 70-80%. He stated that he was having increased pain in his lumbar area. The injured worker was currently taking Tramadol every eight hours, but wanted to increase it to every six hours. Exam of the lumbar spine revealed tenderness to paravertebral muscles L3-S1. There was also tenderness about the right shoulder. Authorization was requested for a Toradol injection to the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol injection low back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Etodolac (Toradol).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ketorolac (Toradol).

Decision rationale: Based on ODG guidelines, Ketorolac is indicated in the oral formulation and should not be given as an initial dose, but only as continuation following IV or IM dosing. The injection is recommended as an option to corticosteroid injections in the Shoulder Chapter, with up to three injections. (Min, 2011) Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. (DeAndrade, 1994) In this case, there is no indication that Toradol is being used as an alternative to opioid therapy and a Toradol injection has already been given on 4/9/15 and approved by UR on 4/21/15. There are no specific guidelines for frequency of injections either in ODG or in MTUS guidelines. Therefore based on the information in this case and the limited guidelines noted in ODG, the request for Toradol injection low back is not medically necessary.