

Case Number:	CM15-0118305		
Date Assigned:	06/26/2015	Date of Injury:	01/03/2003
Decision Date:	07/28/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/18/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 39 year old male who sustained an industrial injury on 1/3/03. His current complaints are of back pain radiating from the low back down both legs. Diagnoses are lumbar radiculopathy, spasm of muscle, sciatic nerve lesion, chronic back pain, and knee pain. In a progress report dated 5/13/15, a treating physician notes pain with medications is rated as 3 out of 10 and without medications at 7 out of 10. Quality of sleep is poor due to constant pain and lack of medications. His activity level has decreased and he reports 3 days the past month that he was unable to get out of bed due to pain flare and inability to control activity based daily pain on Norco alone. Current medications are Valium, Toradol, Kadian, Neurontin, and Norco. His function while on medications is that he can perform household tasks for approximately 30 minutes at a time, as compared to without medication which is 10 minutes at a time. The 4 "A's" of pain medication management were evaluated. Gait is moderately antalgic. Exam of the lumbar spine notes restricted range of motion with flexion to 65 degrees limited by pain, extension to 15 degrees limited by pain, right and left lateral bending to 20 degrees, lateral right and left rotation limited to 30 degrees. There is tenderness to palpation to the paravertebral muscles, spasm, and tight muscle band and trigger point on both sides. He can't walk on heels or toes and there is sacroiliac spine tenderness. Straight leg raise is positive on both sides. The injured worker reports he is unable to complete physical therapy until after the inguinal hernia repair. Work status is that he is permanent and stationary and he is not working. Previous treatment includes, medication, piriformis injections-9/2011 and 3/2008, peripheral nerve injection-5/2008, percutaneous disc decompression L5-S1 level-3/2006, MRI of the lumbar spine-4/7/14 and 9/9/08, consult with pain psychologist. The requested treatment is Toradol 10 mg #6.

MR ISSUES, DECISIONS AND RATIONALES

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

Toradol 10 MG #6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Toradol for nearly 12 year and in combination with opioids for a majority of that time. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. There is no indication of combined use of multiple classes of analgesics. Continued use of Toradol is not medically necessary.