

Case Number:	CM15-0118537		
Date Assigned:	06/26/2015	Date of Injury:	03/24/2006
Decision Date:	07/28/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 44 year old male who sustained an industrial injury on March 24, 2006. He has reported pain to the low back and has been diagnosed with right lumbar radiculopathy, right sacroiliitis, lumbar sprain strain, and myofascial pain. Treatment has included medications, injections, medical imaging, and a home exercise program. There was tenderness and spasm noted to the lumbar paraspinal muscle. Stiffness noted to motion of the spine. There was increased pain with extension of the low back. The treatment request included periodic toradol injections up to 4 x a year for flare ups, lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Periodic Toradol Injections up to 4 x a year for flare ups, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, p6-7 Page(s): 6-7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Ketorolac (Toradol).

Decision rationale: The claimant has a remote history of a work injury occurring in March 2006 and decreased to be treated for low back pain. When seen, he was having a flare-up of symptoms. Pain was rated at 10/10. He was requesting a Toradol injection. Physical examination findings included lumbar spine tenderness with stiffness and increased pain with extension. There was decreased lower extremity strength. He was taking non-opioid medications of ibuprofen and topical lidocaine. Authorization for periodic Toradol injections up to four times per year was requested. Ketorolac, administered intramuscularly, is an alternative to opioid therapy. However, guidelines state that the medications and dosages should be tailored to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies. In this case, requesting prospective approval for injections for pain is not medically necessary or appropriate.