

Case Number:	CM15-0122379		
Date Assigned:	07/06/2015	Date of Injury:	08/24/2005
Decision Date:	09/10/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/24/2015

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 York

Certification(s)/Specialty: Anesthesiology

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 38 year old male who sustained an industrial injury on 08/24/2005 resulting in pain to the low back after picking up a heavy toilet. Treatment provided to date has included: lumbar surgeries (2007 & 2008); physical therapy without sustained improvement; injections which provided temporary relief; medications (Cymbalta, Wellbutrin, Valium, hydrocodone, Effexor, oxycodone, Flexeril, and Valium); and conservative therapies/care. Diagnostic tests performed include: MRI of the lumbar spine (2008) showing disc herniation at L5-S1. There were no noted comorbidities or other dates of injury noted. On 05/21/2015, physician progress report noted complaints of low back pain with numbness and tingling radiating into the right leg and bilateral leg pain. The pain was rated 6/10 which was increased from 5/10 the previous month. Additional complaints included tightness and spasms in the back. Current medications include oxycodone resulting in 50-100% pain reduction which starts working in 15 minutes and last about 4 hours; Valium for muscle spasms at night; Flexeril for muscle spasms; and Effexor for neuropathic pain and depression. The physical exam revealed abnormal gait favoring the right leg, tenderness in the lumbar paraspinal muscles, discomfort with lumbar range of motion (ROM), tenderness over the bilateral SI joints and trochanters, and positive straight leg raise on the right. The provider noted diagnoses of failed back surgery syndrome and myofascial pain. Plan of care includes a Toradol 60mg injection (location not specified), refills on current medications (including: Effexor, oxycodone, Flexeril, and Valium) and follow-up in one month. The injured worker's work status remained disabled. The request for authorization and IMR (independent medical review) includes: Toradol 60mg

intramuscular injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Toradol 60mg IM injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorlac (Toradol). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter (Chronic) 2015, Ketorlac (Toradol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) Chapter; Ketorolac (Toradol®).

Decision rationale: According to ODG, Ketorolac (Toradol) in the oral formulation should not be given as an initial dose, but only as continuation following intravenous (IV) or intramuscular (IM) dosing. Toradol, when administered intramuscularly, may be used as an alternative to opioid therapy. In this case, the patient had complaints of low back pain. There was no documentation that all other oral medications were insufficient to alleviate the symptoms. There is no clear indication as to why the patient required a parental dose of medication. Medical necessity for the requested medication was not established. The requested medication was not medically necessary.