

Case Number:	CM15-0123895		
Date Assigned:	08/03/2015	Date of Injury:	10/27/2000
Decision Date:	09/04/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/26/2015

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: Physical Medicine & Rehabilitation, Pain Management, Occupational 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:

This 50 year old female sustained an industrial injury on 10-27-2000. She subsequently reported low back pain. Diagnoses include chronic low back pain and retained symptomatic lumbar spine hardware. Treatments to date x-ray and MRI testing, lumbar spine surgery, physical therapy and prescription pain medications. The injured worker continues to experience low back pain with numbness and tingling to the lower extremities. Upon examination, tenderness to palpation was noted in the bilateral paralumbar musculature. Range of motion in the lumbar spine is reduced. A request for Intramuscular injection 2cc of Toradol was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intramuscular injection 2cc of Toradol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol).

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

Decision rationale: MTUS 2009 recommends against the use of intramuscular Toradol to treat chronic pain conditions. The physical examination from the date of the Toradol injection is similar to prior examinations. There is no acute injury described for which short-term relief of a chronic pain condition would be indicated. This IM Toradol IM injection does not adhere to MTUS 2009 and is not medically necessary.