

Case Number:	CM15-0175180		
Date Assigned:	09/16/2015	Date of Injury:	07/31/2001
Decision Date:	10/19/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/04/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 was a 58 year old male, who sustained an industrial injury, July 31, 2001. According to progress note of July 23, 2015, the injured worker's chief complaint was worsening pain in the back. The injured worker continues to get pain radiating down the legs more on the right than the left. The injured worker had received injections in the past with good relief from the pain. The injured worker reported a 50% reduction in the pain with the current medication regimen. The injured worker rated the pain 8 of 10, at best the pain was 4 out of 10 with medications and 10 out of 10 without medications. The physical exam noted the back with flexion of 20 degrees and extension of 5 degrees. There was 4 out of 5 weakness in the left thigh flexion and knee extension. There was sensory loss to light touch and pinprick at the left lateral calf and bottom of the foot. The left Achilles reflex was absent. The injured worker was undergoing treatment for low back pain, lumbar spine strain and or sprain with degenerative disc disease with disk herniation at L4-L5 and L5-S1 with severe facet overgrowth and arthrosis from L4-S1. The injured worker previously received the following treatments physical therapy, TENS (transcutaneous electrical nerve stimulator) unit, Norco, Lorzone, Glucosamine, Mobic, Neurontin, Toradol injections and random urine toxicology screening was appropriate. The RFA (request for authorization) dated August 10, 2015, the following treatments were requested a retrospective intramuscular Toradol injection of 60mg given on July 24, 2015. The UR (utilization review board) denied certification on August 7, 2015, for the Toradol injection for low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 1 IM injection of Toradol 60mg (DOS 07/23/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Ketorolac) Toradol (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

Decision rationale: This 58 year old male has complained of low back pain since date of injury 7/31/2001. He has been treated with TENS, Toradol injections, physical therapy and medications. The current request is for 1 IM injection of Toradol (DOS 7/23/2015). Per the guidelines cited above, Toradol injection is a medication used for the treatment of moderate to severe acute pain. The available medical records do not provide adequate supporting documentation that the patient was having an acute exacerbation of his chronic low back pain. On the basis of the available medical records and per the MTUS guidelines cited above, retrospective 1 IM injection of Toradol 60 mg (DOS 7/23/2015) is not medically necessary.