

Case Number:	CM15-0179672		
Date Assigned:	09/21/2015	Date of Injury:	12/07/2006
Decision Date:	10/23/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/11/2015

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 46-year-old female, with a reported date of injury of 12-07-2006. The diagnoses include postlaminectomy syndrome of the lumbar region and low back pain. Treatments and evaluation to date have included Norco, Ibuprofen, Cymbalta, Hydrocodone, Tylenol with codeine, and a TENS (transcutaneous electrical nerve stimulation) unit. The diagnostic studies to date have not been included in the medical records. The progress report dated 08-06-2015 indicates that the injured worker had increased low back pain that extended over the left side. She rated her pain 6 out of 10. On 05-28-2015, the injured worker rated her pain 2½ out of 10. A physical examination of the low back showed a well-healed scar, tenderness in the paraspinous areas at the left mid-paralumbal levels, flexion past 60 degrees with discomfort into the buttock, pain in the low back with seated straight leg raise, but negative for any radicular symptoms, no focal weakness in the lower extremities, and a non-antalgic gait. The treatment plan included a trial of Toradol 10mg, four times a day for five days. It was noted that after she completed the medication trial, she would go back to the Ibuprofen. It was also noted that the Hydrocodone and Tylenol with codeine had not been effective. The injured worker is no longer working, and her status is permanent and stationary. The request for authorization was dated 08-07-2015. The treating physician requested Toradol 10mg #20. On 08-13-2015, Utilization Review (UR) non-certified the request for Toradol 10mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 10 mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Pain Procedure Summary; Medical Clinics of North America Volume 91, Number 1, January 2007. Non-opioids Analgesics. Munir MA, Enany N, Zhang JM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Ketorolac (Toradol).

Decision rationale: The claimant has a history of a work injury occurring in December 2006 and continues to be treated for low back pain including a diagnosis of post laminectomy syndrome and has a history of a lumbar fusion. When seen, she had been more active and was having increased pain with low back pain extending to the left side. Pain was rated at 6/10. Tylenol with codeine and Norco was being taken sparingly but had not been effective. Physical examination findings included left lumbar tenderness and pain with spinal flexion. There was low back pain with straight leg raising and a non antalgic gait. A trial of oral Toradol was started. Nucynta was prescribed. Ibuprofen was to be placed on hold until completion of the Toradol. The oral form of Toradol (ketorolac) is recommended for short-term management of moderately severe, acute pain following surgical procedures in the immediate post-operative period. This medication is not indicated for minor or chronic painful conditions. In this case, the patient had not recently undergone surgery and was being treated for a chronic pain condition. The request is not considered medically necessary.