

Case Number:	CM15-0064913		
Date Assigned:	04/13/2015	Date of Injury:	10/28/2008
Decision Date:	05/18/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/06/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 78 year old male who sustained an industrial injury on 10/28/2008. His diagnoses include: degeneration of lumbar or lumbosacral inter-vertebral disc, lumbar degenerative disc disease, chronic lumbar back pain that improved significantly following radio frequency rhizotomy, lumbar radiculopathy with weakness in the lower extremities, and weakness in the lumbosacral distribution related to lumbosacral stenosis. The 2014 magnetic resonance imaging studies showed multilevel degenerative disc disease, disc bulges and foramina stenosis of the lumbar spine His treatments have included lumbar radio-frequency rhizotomy - which provided 60% improvement for 8 months, heat/ice therapy, gentle stretching and exercises, the use of a walking cane and medications management. The progress notes of 3/12/2015, noted complaints that included chronic lumbar pain. It was noted that he had a flare-up of pain and presented in such severe pain that he was unable to stand upright to walk. There were objective findings of lumbar muscle spasm and tenderness to palpation of the lumbar paraspinal area. The physician's requests for treatments included a Toradol injection given in the right gluteus. The medications listed were Norco and other medications from the PCP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Tordol Shot 30mg (DOS 3/1/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines did not recommend the utilization of Toradol injections for the treatment of exacerbation of musculoskeletal pain. The guidelines and FDA recommend that Toradol injections can be utilized for the treatment of severe pain in the peri-operative and acute care setting. The records did not show that the patient was utilizing or have failed treatment with standard oral NSAIDs medications. The records indicate that the patient was utilizing the prescribed Norco sparingly despite reported exacerbation of the musculoskeletal pain. The criteria for the retrospective use of intramuscular Toradol injection DOS 3/1/2015 was not met.