

Case Number:	CM15-0068252		
Date Assigned:	04/15/2015	Date of Injury:	02/23/2014
Decision Date:	05/14/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/10/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 28 year old female who sustained an industrial injury on 02/23/2015. Diagnoses include lumbar spine sprain/strain, herniated nucleus pulposus L4-5, and L5-S1, annular tear L4-5, L5-S1 and lumbar radiculopathy. Treatment to date has included diagnostic studies, medications, physical therapy, chiropractic sessions, activity modifications, epidural steroid injections, and prolonged rest. A physician progress note dated 03/11/2015 documents the injured worker complains of low back pain which is always present but varies in intensity, with intermittent discomfort, tingling and numbness sensation radiating down both legs just below the knees. Range of motion of the back: she lacks 16 inches fingertips to toes on forward flexion. She extends herself to 20 degrees. Right and left lateral bending is 20 degrees.

Rotation of the back is to 50 degrees, right and left. Straight leg rising is positive at 80 degrees on the right and 70 degrees on the left. Treatment requested is for 1 Toradol injection 60mg IM.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TORADOL INJECTION 60MG IM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac, page 127.

Decision rationale: According to MTUS guidelines, Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions. Toradol is recommended for severe acute pain for a short period of time. The patient was complaining of chronic back pain. According to MTUS guidelines, Toradol is not indicated in case of minor or chronic painful condition. Therefore the prescription of Toradol is not medically necessary.