

Case Number:	CM15-0076130		
Date Assigned:	04/27/2015	Date of Injury:	08/23/2001
Decision Date:	05/29/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/21/2015

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:

The injured worker is a 57 year old female, who sustained an industrial injury on August 23, 2001. The injured worker was diagnosed as having cervical degenerative disc disease with intractable neck pain secondary to industrial injury, lumbar degenerative disc disease with intractable low back pain secondary to industrial injury, radicular symptoms in the left lower extremity sequelae to industrial injury, cervical radiculopathy sequelae to industrial injury, elevated liver function tests sequelae to industrial injury, insomnia secondary to pain sequelae to industrial injury, and situational stress due to increased pain and lack of coverage of treatments. Treatment to date has included physical therapy and medication. Currently, the injured worker complains of chronic intractable neck pain, chronic intractable low back pain, and lower extremity pain. The Treating Physician's report dated February 25, 2015, noted the urine drug test and CURES report were consistent with current therapy. The injured worker received intramuscular Toradol 60mg, and iontophoresis to the low back. The treatment plan was noted to include a request to extend the expiration date of the authorization for physical therapy, a referral for an orthopedic surgeon, a request for Toradol 60mg intramuscular at each monthly visit, and request for iontophoresis once each month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Toradol 60mg, IM for Cervical Spine Pain as an outpatient (02/25/2015):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: <https://www.acoempracguides.org/> cervical and thoracic spine, Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorder.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: MTUS 2009 states that Ketorolac (Toradol) should not be used to treat chronic pain. The patient is diagnosed with chronic pain. The patient also reportedly has abdominal pain along with damage to the liver based upon elevated liver enzymes. Ketorolac is associated with elevated AST liver enzymes. Organ damage can occur with both oral and intramuscular administration of medication. The report indicates that the patient was given an injection of Toradol since the patient could not take oral medications. There is no explanation provided as to why the patient cannot take oral medications or why a short acting injection of a NSAID should be administered to someone with chronic pain along with abdominal pain and liver damage. This injection of Toradol does not adhere to MTUS 2009 and is not medically necessary.