

Case Number:	CM15-0078537		
Date Assigned:	04/29/2015	Date of Injury:	05/27/2000
Decision Date:	05/29/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/24/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 53 year old female, who sustained an industrial injury on 05/27/2000. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, CT scans, injections, nerve blocks, and lumbar fusion surgery. Currently, the injured worker complains of severe low back pain with radiation into the right lower extremity rated 8/10 in severity. The injured worker reported an 80% reduction in pain following a selective L4 nerve root injection (01/19/2015) which lasted 2 weeks, and a greater than 50% reduction in pain with Norco. Per the progress note dated 03/11/2015, it was believed that the lumbar fusion hardware was contributing to the injured worker's ongoing symptoms. The diagnoses include status post lumbar fusion and decompression, and lumbar radiculopathy. The treatment plan consisted of 1 intramuscular Toradol injection (denied), and a surgical procedure consisting of exploration of lumbar fusion, removal of hardware, revision of left L4-5 decompression with possible revision of fusion with allograft, cage, and plate.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Intramuscular Toradol injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain section, NSAIDs.

Decision rationale: Pursuant to the Official Disability Guidelines, one IM Toradol injections is not medically necessary. Toradol is recommended for short-term (up to five days) and management of moderately severe acute pain that requires analgesia at the opiate level. This medication is not indicated from minor or chronic painful conditions. The injection is recommended as an option to corticosteroid injections in the shoulder section with up to three injections. Toradol may be used as an alternative to opiate therapy. In this case, the injured worker's working diagnoses are status post L5/S1 decompression; status post L5 - S1 fusion CPS, radiculopathy; L4 - L5 FS instability, transitional syndrome; status post XLIF L4 - L5 and posterior decompression; status post revision to lie 16th 2013 and April 17, 2014; possible nonunion. Subjectively, the injured worker complains of 10/10 pain without medications and 6/10 pain with medications. The injured worker has multiple complaints that are chronic in nature. The worker received a prior Toradol injection for chronic pain with relief. Toradol is not indicated for chronic painful conditions. There is no acute exacerbation of pain documented in the medical record. Consequently, absent clinical documentation with an acute exacerbation in an injured worker with chronic pain, one IM injection Toradol is not medically necessary.