

Case Number:	CM14-0156223		
Date Assigned:	09/25/2014	Date of Injury:	07/20/2010
Decision Date:	11/07/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/24/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 20, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated September 15, 2014, the claims administrator failed to approve a request for a Toradol injection. The applicant's attorney subsequently appealed. In an April 1, 2014 progress note, the applicant presented with persistent complaints of low back pain status post failed lumbar fusion surgery. The applicant had derivative complaints of sleep disturbance, gastrointestinal complaints, and hypertension, it was noted. 7/10 pain was noted. The applicant was not working. Voltaren, Flexeril, Tramadol, and Norco were endorsed while the applicant was kept off of work. On April 21, 2014, the applicant was again placed off of work, on total temporary disability. MRI imaging was endorsed on May 13, 2014. The applicant was placed off of work, on total temporary disability, on August 25, 2014. The applicant did present reporting heightened back and leg pain, 10/10, reportedly severe. The applicant was using a cane to move about. The Toradol injection was apparently administered for a flare in pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intramuscular Injection of Toradol (2cc of Toradol): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac/Toradol Page(s): 72. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 3rd edition, Chronic Pain Chapter

Decision rationale: While the MTUS does not specifically address the topic of injectable Toradol, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that oral Toradol is not indicated for minor or chronic painful conditions. By implication, injectable ketorolac or Toradol is likewise not indicated for minor or chronic painful conditions. In this case, however, the applicant presented with an acute flare in chronic low back pain on or around the date in question, August 28, 2014. The applicant presented to the clinic setting reporting severe pain on that date. An injection of ketorolac/Toradol was indicated to combat the same, particularly in light of the fact that the Third Edition ACOEM Guidelines note that a single dose of injectable ketorolac is a useful alternative to a single moderate dose of opioids in opioids who present to the emergency department with severe musculoskeletal low back pain. By implication, then, the injection of injectable Toradol to combat the applicant's acute flare of low back pain scored at 10/10 on August 28, 2014 was indicated. Therefore, the request was medically necessary.