

Case Number:	CM14-0052827		
Date Assigned:	07/07/2014	Date of Injury:	01/14/1996
Decision Date:	08/27/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/21/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 50-year-old female who has submitted a claim for lumbar sprain and strain associated with an industrial injury date of 01/14/1996. Medical records from 2013 to 2014 were reviewed and showed that patient complained of significant aching, burning pain in her lower back. Pain is rated at 7/10 with radiation to the left lower extremity. Physical examination revealed significant tenderness in the paraspinal muscles over the lumbar area. No gross evidence of instability is seen. There is a well-healed surgical scar noted over the lumbar spine consistent with lumbar fusion. The patient's gait is antalgic. Treatment to date has included oral analgesics and surgery. Utilization review dated 03/21/2014 denied the retrospective request for 1 intramuscular injection consisting of Toradol for the management of symptoms related to the lumbar spine between 12/12/13 and 3/13/14 because there is no indication that the patient cannot take oral medication to control her symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 intramuscular injection consisting of Tordol for the management of symptoms related to the lumbar spine between 12/12/13 and 3/13/14:

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/Low Back; Table 2 Summary of Recommendations, Low Back Disorders>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Ketorolac.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, Ketorolac (Toradol, generic available) 10 mg is not indicated for minor or chronic painful conditions. According to the Official Disability Guidelines (ODG) Pain Chapter, ketorolac [Boxed Warning] may be used as an alternative to opioid therapy when administered intramuscularly. The FDA boxed warning would relegate this drug to second-line use unless there were no safer alternatives. In this case, the patient was prescribed 1 intramuscular injection of Toradol. The complaint of low back pain occurred with an injury date of 01/14/1996 which is considered as chronic pain. The guidelines do not recommend the use of ketorolac for chronic painful conditions. Therefore, the retrospective request for 1 intramuscular injection consisting of Toradol for the management of symptoms related to the lumbar spine between 12/12/13 and 3/13/14 is not medically necessary and appropriate.