

<b>Case Number:</b>	CM14-0003220		
<b>Date Assigned:</b>	04/04/2014	<b>Date of Injury:</b>	12/16/2010
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Physical Medicine & Rehabilitation 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 patient is a 44 year old male with an injury date of 12/16/10. Based on the 10/24/13 progress report by [REDACTED] the patient's diagnoses include lower back pain and cervicalgia/neck pain. [REDACTED] is requesting Toradol 60 mg x 1. The utilization review determination being challenged is dated 11/08/13 and recommends denial of the Toradol. [REDACTED] is the requesting provider and provided treatment reports from 06/06/13- 12/13/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TORADOL 60MG X 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72.

**Decision rationale:** According to the 10/24/13 progress report, the patient presents with lower back pain and cervicalgia/neck pain. The request is for Toradol 60 mg x 1. The patient has previously been given Toradol on 07/27/13, 08/30/13, and 09/27/13 as indicated on his progress reports. The MTUS Chronic Pain Guidelines page 72 states that Toradol "is not indicated for minor or chronic painful conditions." Due to the MTUS Chronic Pain Guidelines'

recommendation and based on the medical records provided for review, the request for Toradol 60mg x1 is not medically necessary and appropriate.