

<b>Case Number:</b>	CM14-0012488		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	11/02/2010
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 [REDACTED] employee who has filed a claim for chronic low back pain and SI joint pain reportedly associated with an industrial injury of November 2, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; electrodiagnostic testing of April 20, 2012, notable for evidence of left sided lumbar radiculopathy; unspecified amounts of psychotherapy, cognitive behavioral therapy, physical therapy, manipulative therapy; psychotropic medications; and opioid therapy. In a utilization review report dated December 31, 2013, the claims administrator retrospectively denied a request for a Toradol injection, citing non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. Multiple handwritten progress notes interspersed throughout the life of the claim, including a note dated March 30, 2012, were difficult to follow, not entirely legible, and notable for comments that the applicant was using a variety of topical compounded drugs as well as receiving acupuncture and chiropractic manipulative therapy. It did not appear that the applicant was not working with a rather proscriptive 10-pound lifting limitation in place. In a handwritten note dated August 10, 2013, difficult to follow, not entirely legible, the applicant was described as having an acute flare-up of low back pain. A Toradol injection was apparently ordered and administered in the clinic setting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO TORADOL INJECTION 60MG IM ON LEFT ARM:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , ,

**Decision rationale:** While the MTUS does not address the topic of injectable ketorolac or Toradol, the Chronic Pain Medical Treatment Guidelines notes that ketorolac or Toradol is not indicated for minor or chronic painful conditions. In this case, however, the applicant did have an acute flare of chronic pain which apparently required an injectable Toradol to alleviate. It is further noted that the third edition ACOEM Guidelines Chronic Pain Chapter deems a single dose of injectable ketorolac or Toradol to be a useful alternative to a single moderate dose of opioids for the management of applicants who present to the emergency department with severe musculoskeletal low back pain. In this case, by analogy, the applicant presented to a clinic setting with an acute flare and chronic low back pain. A single dose of injectable Toradol was indicated and appropriate to relieve the same and is seemingly supported for this purpose both by the Third Edition ACOEM Guidelines and, by analogy, by the Chronic Pain Medical Treatment Guidelines. The retrospective request for Toradol injection 60 mg IM on the left arm is medically necessary and appropriate.