

<b>Case Number:</b>	CM14-0013223		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	03/26/2010
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 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 52-year-old female who has submitted a claim for lumbar sprain/strain, ankle sprain, pain in joint, calf and chronic pain, associated with an industrial injury date of 03/26/2010. The medical records from June 2013 to November 2013 were reviewed and showed that patient complained of increased knee pain, low back pain and ankle pain aggravated by change in temperature and activities such as prolonged standing/walking, lifting, repetitive bending, squatting or kneeling. Upon examination, patient appears to be in slight acute distress with slight antalgic gait. The lumbar spine examination reveals slight restriction to flexion, extension, right lateral flexion, left lateral flexion, right rotation and left rotation. The patient bends to reach the knees with slight to moderate guarding. Recovery to the erect posture shows slight low back guarding. There is slight to moderate low back pain and stiffness with extreme lumbar movements. There is slight asymmetric lumbar paravertebral spasm, tenderness and guarding. The left knee reveals slight restriction to flexion and normal extension. The left knee shows mild effusion, slight patellofemoral crepitus and pain and slight swelling with no heat. The right and left ankles reveal normal plantar flexion, extension, inversion and eversion. The right foot shows slight right 4th metatarsal phalangeal tenderness with inconsistent pain on motion. There is slight bilateral heel spur tenderness. The treatment to date has included chronic pain medications and Lidoderm patches. Utilization review, dated 01/03/2014, denied the retrospective request for intramuscular injections of Toradol 30mg because it was unclear whether the patient required analgesia at an opioid level as there was no VAS score reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE (DOS: 12/02/13): TORADOL INJECTION, 30MG IM QTY: 1.00:**  
Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Ketorolac (Toradol).

**Decision rationale:** The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. ODG states that Toradol injection is recommended as an option to corticosteroid injections, with up to three injections. When administered intramuscularly, may be used as an alternative to opioid therapy. In this case, the patient complains of lumbar sprain/strain, ankle sprain, pain in joint, calf and chronic pain. The medical records submitted for review showed no evidence of intolerance to opioid medications. Moreover, there was no evidence regarding the severity of pain (i.e., the VAS score) to warrant analgesia using intramuscular injections. Therefore, the retrospective request for intramuscular injections of Toradol 30mg was not medically necessary.