

<b>Case Number:</b>	CM14-0150515		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	10/25/2013
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Family 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:

Injured worker was a 56-year old male whom experienced an industrial related injury on 10/25/13. He was reevaluated 07/08/14. He reported he was taking over-the-counter medications due to pain. He had not incurred any new injuries; he was not working or attending therapy. He complained of low back pain that was constant and radiated. Upon examination, there was tenderness to palpation, he was instructed to continue taking over-the-counter Ibuprofen or Tylenol, and he was given an injection of Ketorolac. Diagnoses were Musculoligamentous sprain lumbar spine with lower extremity radiculitis; disc bulge T12-L1, L1-2, L2-3, L3-4, and L5-S1; history of DM.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Ketorolac 60mg with Xylocaine 1ml injection for the service date of 7/8/14:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ketorolac and <http://www.drugs.com/pro/ketorolac-injection.html>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 72. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) Appendix A, ODG Workers' Compensation Drug Formulary,  
Ketorolac 60 mg w/Xylocaine 1 ml injection

**Decision rationale:** Current guidelines were searched in regards to the provider's request for Toradol. The cited guidelines mention that it is recommended for conditions other than minor or chronic painful conditions and with cautions. At any time during treatment NSAIDs can cause ulcers and bleeding in the stomach and intestines. The request is not reasonable as subjective complaints are of pain levels that have chronically persisted, the objective findings that did not indicate the patient had any new injuries, and the guidelines that lack the support for the use of Toradol for chronic painful conditions. Therefore, this patient is not a candidate for a Toradol injection.