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| <b>Case Number:</b>   | CM14-0150991 |                              |            |
| <b>Date Assigned:</b> | 09/19/2014   | <b>Date of Injury:</b>       | 09/30/2002 |
| <b>Decision Date:</b> | 10/27/2014   | <b>UR Denial Date:</b>       | 08/22/2014 |
| <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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of September 30, 2002. A utilization review determination dated August 22, 2014 recommends noncertification of a Toradol injection. Noncertification was recommended due to lack of documentation of a flareup or exacerbation for which Toradol injections would be indicated. A progress report dated December 11, 2012 identifies subjective complaints of pain in the neck and back, currently drinking more beer to help with sleep and pain control. The patient's current medications include Percocet and fluoxetine. Physical examination findings revealed decreased abduction with pain in the right shoulder. There is also tenderness to palpation around the cervical and lumbar spine. Diagnoses include anxiety, cervical disc degeneration, low back pain, and right shoulder pain. The treatment plan recommends a Toradol injection, and continuing the patient's current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketorolac Tromethamne inj 60mg/2ml 1ml isecure syr setting:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16, 72, 78, 24, 29, 107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72. Decision based on Non-MTUS Citation Other

Medical Treatment Guideline or Medical Evidence: Toradol Official FDA Information  
(<http://www.drugs.com/mtm/toradol-im.html>)

**Decision rationale:** Regarding the request for Ketolorac, Chronic Pain Medical Treatment Guidelines state this medication is not indicated for minor or chronic painful conditions. The FDA notes it is used short-term (5 days or less) to treat moderate to severe pain. Within the information available for review, there is documentation of severe pain. However, guidelines note it is not indicated for chronic painful conditions, and there is no documentation of a recent flare up with new or worsened objective findings. As such, the currently requested Ketorolac injection is not medically necessary.