

<b>Case Number:</b>	CM14-0159434		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	06/03/2003
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant presents with chronic pain following a work related injury on 06/03/2003. On 08/25/2014, the claimant complained of spinal spasms, and spinal lump. The physical exam showed spinal spasms, lumbosacral tenderness, poor balance, discogenic scoliosis. The lumbar MRI showed stenosis with degenerative disc disease. The claimant was diagnosed with lumbosacral discopathy. The claimant is treated with Toradol 60mg IM, Chiropractor care and Tramadol cream. A claim was made for Ketorolac Tromethamine Injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketorolac tromethamine injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** Ketorolac tromethamine injection is not medically necessary. Per MTUS guidelines page 67, NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical

records do not document that the claimant had moderate to severe pain requiring treatment with a Ketorolac injection. In fact, the claimant's pain is chronic and unchanged since the previous office visit. The request is therefore, not medically necessary.