

<b>Case Number:</b>	CM14-0165166		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	03/01/2009
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Interventional Spine 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 59-year-old male with a date of injury of 03/01/2009. The listed diagnoses per [REDACTED] are: 1. Neck sprain/strain, 2. Thoracic spine sprain/strain, 3. Lumbar sprain/strain. 4. Right shoulder sprain/strain with impingement, 5. Depression, 6. Insomnia. According to progress report 09/12/2014, the patient presents with significant low back pain. The back pain is described as severe and affecting the left leg. The patient also has significant neck pain. Examination of the neck revealed "no deviation of trachea from midline. On examination, there is no evidence of thyroid gland enlargement." Examination of the lower back revealed significant tenderness to palpation across the low back. Lumbar spine testing showed decreased range of motion on all planes. The treater is requesting an IM Toradol 60 mg injection for patient's "neck pain aggravation." Utilization review denied the request on 09/18/2014. Treatment reports from 03/07/2014 through 09/12/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketorolac injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Guidelines under Ketorolac Page(s): 72. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Academic Emergency Medicine volume V page 118 to 122

**Decision rationale:** This patient presents with chronic neck and low back pain. The treater states that the patient has cervical degenerative disk disease and cervical radiculopathy with right more dominant than left. He is requesting an IM Toradol 6 mg injection for patient's "neck pain aggravation." The MTUS Guidelines page 72 under Ketorolac states: "This medication is not indicated for minor or chronic painful condition." Furthermore, the Academic Emergency Medicine volume V page 118 to 122 states "intramuscular ketorolac versus oral ibuprofen in emergency room department patients with acute pain." Study demonstrated that there is no difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain. The requested Toradol injection is not medically necessary and recommendation is for denial.