

<b>Case Number:</b>	CM14-0165191		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	06/30/1999
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/19/2014
<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 Occupational 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:

According to the records made available for review, this is a 56-year-old female with a 6/30/99 date of injury. At the time (8/8/14) of request for authorization for Intramuscular Injection 2cc of Toradol, there is documentation of subjective (low back pain with numbness and tingling to the lower extremities) and objective (tenderness to palpitation over the paraspinal musculature and midline of the lumbar region, and slightly abnormal sensation testing with a pinwheel) findings, current diagnoses (lumbar radiculopathy, bilateral knee pain, and status post lumbar fusion with hardware removal), and treatment to date (physical therapy, acupuncture, and medications (including ongoing treatment with Norco)). There is no (clear) documentation of moderately severe acute pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intramuscular Injection 2cc of Toradol:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ketorolac (Toradol); NSAIDs

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that Ketorolac (Toradol) is not indicated for minor or chronic painful conditions. ODG identifies that Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. In addition, ODG identifies documentation of moderately severe acute pain that requires analgesia at the opioid level, as criteria necessary to support the medical necessity of Toradol injection. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, bilateral knee pain, and status post lumbar fusion with hardware removal. In addition, there is documentation of ongoing treatment with opioids. However, despite documentation of radiating low back pain and given documentation of a 6/30/99 date of injury, there is no (clear) documentation of moderately severe acute pain. Therefore, based on guidelines and a review of the evidence, the request for IM Injection of Toradol 60 MG is not medically necessary.