

<b>Case Number:</b>	CM14-0175946		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	03/30/2000
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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:

Patient is a 66-year-old male who has submitted a claim for lumbar post-laminectomy syndrome, arachnoiditis, lumbar radiculopathy, lumbar spondylosis, and myofascial pain syndrome associated with an industrial injury date of 3/30/2000. Medical records from 2014 were reviewed. Patient complained of lumbar pain described as aching, burning and sharp, rated 4/10 in severity. Physical examination showed well-healed incisions of the lumbar spine, limited motion, and decreased strength of left lower extremity muscles, negative straight leg raise test, and positive trigger points over the paralumbar muscles. Treatment to date has included series of lumbar surgeries starting in 2000, hardware removal, placement of anesthetic pump in 2004, physical therapy, trigger point injections, facet injections, and medications. Utilization review from 10/13/2014 denied the request for Toradol 30mg Injection (retrospective DOS 9/30/14) because there was no acute flare-up of pain to warrant Toradol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toradol 30mg Injection (retrospective DOS 9/30/14): 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 Ketorolac Page(s): 72.

**Decision rationale:** As stated on page 72 of CA MTUS Chronic Pain Medical Treatment Guidelines, ketorolac (Toradol) is not indicated for minor or chronic painful conditions. ODG Pain Chapter further states that ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. Symptoms persisted despite series of lumbar surgeries starting in 2000, hardware removal, placement of anesthetic pump in 2004, physical therapy, trigger point injections, facet injections, and medications. However, patient presented with chronic pain syndrome since the industrial injury date of 2000. Toradol is not indicated for chronic painful conditions as stated by the guidelines. There was no discussion concerning need for variance from the guidelines. Therefore, the request for Toradol 30mg Injection (retrospective DOS 9/30/14) was not medically necessary.