

<b>Case Number:</b>	CM14-0184714		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	04/11/2003
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 48 year old male who was injured cumulatively leading up to 12/15/2003. He was diagnosed with carpal tunnel syndrome, cervical sprain, and lumbar pain. He also had a medical history significant for severe gastritis. He was treated with surgery (left wrist, lumbar), spinal cord stimulator, oral pain medications, and TENS unit, but the worker continued to experience chronic pain. He avoided NSAIDs due to him experiencing stomach upset and due to his history of ulcers in the past. On 9/25/14, the worker was seen by his pain specialist reporting low back pain with radiation to right gluteal area and down both legs with numbness in right leg, overall rated at 8/10 on the pain scale (partially related to not being able to obtain Norco one month prior). He reported using Cymbalta, gabapentin, Pantoprazole, and levothyroxine. He was then recommended a Toradol injection, and continue his previously used medications, including Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 intramuscular Toradol 60mg injection to right upper gluteal muscle: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. Toradol is an injectable NSAID indicated for short term relief of acute pain and is not recommended to treat chronic or minor pain. In the case of this worker, using NSAIDs is relatively contraindicated considering his history of ulcer. Although the Toradol injection has a short duration of action (around 6 hours), it is no different than high doses of oral NSAIDs. The worker was experiencing worse pain due to not taking Norco for a few weeks prior, however, restarting his Norco that same day would have brought him back to his usual chronic levels of pain, which would suggest that any NSAID use would not be indicated in that situation, even for short-term use. Therefore, the Toradol was not medically necessary.