

<b>Case Number:</b>	CM14-0021431		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	10/30/2002
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine, and is licensed to practice in Texas. 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 Physician 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 injured worker is a 64 year old female injured on 10/30/02 as a result of repetitive work activities causing pain to the neck, shoulders, hand, upper, and low back. The injured worker underwent lumbar spine surgery times two followed by hardware removal and failed spinal cord stimulator trial. Current diagnoses included lumbar radiculopathy, lumbar failed surgery syndrome, depression, anxiety, chronic pain, status post lumbar spine ROH, and failed spinal cord stimulator trial. Clinical note dated 12/23/13 indicated the injured worker presented complaining of neck pain radiating to bilateral upper extremities and low back pain radiating to bilateral lower extremities. The injured worker rated her pain 8/10 with medications and 10/10 without medications and reported pain increased with activity and walking. Physical examination of the lumbar spine revealed spasms of bilateral paraspinal musculature, tenderness to palpation bilaterally in paravertebral area L4-S1, pain significantly increased with range of motion, decreased strength of extensor muscles along L4-S1 dermatomes, and flexor muscles along L4-S1 dermatome in bilateral lower extremities, and straight leg raise positive bilaterally. Treatments to date included injections, physical therapy, and medication management. Medications included pantoprazole 20mg BID, Exoten-C lotion two to three times daily, gabapentin 600mg Q8H, hydrocodone/acetaminophen 10-500mg Q6H, and Risperidone 2mg QHS. The injured worker received intramuscular injection of Toradol 60mg with B12 1000mcg in the right gluteal muscle. The injured worker reported good pain relief following 15 minute observation. The initial request for Toradol 60mg with B12 1000mcg given intramuscular injection was initially non-certified on 02/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TORADOL 60 MG WITH B12 1,000 MCG GIVEN INTRAMUSCULAR INJECTION:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72.

**Decision rationale:** As noted on page 72 of the Chronic Pain Medical Treatment Guidelines, Toradol is not indicated for minor or chronic painful conditions. There is no indication in the documentation provided that the injured worker was being treated for an acute injury. As such, the request for Toradol 60 mg with B12 1,000 mcg given intramuscular injection cannot be recommended as medically necessary.