

<b>Case Number:</b>	CM14-0026058		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	01/09/2006
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 37-year-old female who has submitted a claim for herniated disc lumbar spine, status post laminectomy of the lumbar spine, and right hip trochanteric bursitis associated with an industrial injury date of 01/09/2006. Medical records from 10/19/2010 to 06/17/2014 were reviewed and showed that patient complained of low back pain graded 5/10 which radiated down the left lower extremity with associated tingling and numbness. Physical examination revealed tenderness over T12-L1 and diminished sensation in the left great toe. Straight leg raise (SLR) test in a sitting position was positive at 40 degrees on the right and 30 degrees on the left side. X-ray of the lumbar spine dated 02/03/2011 revealed evidence of lumbar laminectomy at L3-4 and L4-5. MRI of the lumbar spine dated 10/28/2009 revealed status post L4-5 decompression with moderate central canal narrowing, L5-S1 disc protrusion with left-sided central canal narrowing, L1-L2 and L2-3 disc bulges, and L3-4 neural foraminal narrowing. MRI of the lumbar spine dated 05/24/2011 revealed L3-4, L4-5, and L5-S1 disc protrusions. MRI of the lumbar spine dated 11/14/2012 revealed L4-5 and L5-S1 disc protrusions and collapse of L3-4, L4-5, and L5-S1 disc spaces. Treatment to date has included microdiscectomy L3-4, L4-5 (08/2007) Ketorolac injections (07/25/2011 and 01/18/2013), non-steroidal anti-inflammatory drugs (NSAIDs), opioid analgesics, physical therapy, chiropractic care, and H-wave. Utilization review dated 02/17/2014 denied the request for Ultram 500mg #200 because there was no documentation of subjective and objective benefits from the baseline. Utilization review dated 02/17/2014 denied the request for Hydrocodone/APAP 5/325mg #30 because there was no documentation of subjective and objective benefits from the baseline. Utilization review dated 02/17/2014 denied the request for one Ketorolac 60mg with Xylocaine 1ml injection because the guidelines do not recommend ketorolac injection for chronic pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **ONE KETROLAC 60MG INJECTION WITH XYLOCAINE 1ML: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: NSAIDS, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

**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 Section, Ketorolac

**Decision rationale:** According to CA MTUS Chronic Pain Treatment Guidelines, Ketorolac (Toradol, generic available) 10 mg is not indicated for minor or chronic painful conditions. According to ODG pain Chapter, ketorolac [Boxed Warning] may be used as an alternative to opioid therapy when administered intramuscularly. The FDA boxed warning would relegate this drug to second-line use unless there were no safer alternatives. In this case, the patient has received 2 Ketorolac injections (07/25/2011 and 01/18/2013) with no documentation of functional improvement or pain relief. The complaint of low back pain occurred with an injury date of 01/09/2006 which is considered as chronic pain. The guidelines do not recommend the use of ketorolac for chronic painful conditions. Therefore, the request for one Ketrolac 60mg injection with Xylocaine 1ml is not medically necessary.