

<b>Case Number:</b>	CM14-0028897		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	06/10/2008
<b>Decision Date:</b>	07/01/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 55-year-old male who reported an injury on 06/10/2008. The medication history included Voltaren XR 100mg tablets, Toradol IM 30 mg/per ml take 1 weekly, nabumetone 750 mg tablets once twice daily, Topamax 25 mg tablets once twice daily, Oxycodone hydrochloride 30 mg tablets 1 half every 4 to 6 hours as needed, Soma 300 mg, Celexa 20 mg 1 tablet twice a day, and Terocin 5 mg capsules 1 daily as of 2012. The mechanism of injury was not provided. The diagnosis was lumbosacral spondylosis without myelopathy. The documentation of 01/06/2014 revealed the injured worker had an increase of moderate to severe low back pain. It was indicated the epidural injection previously received had worn off and the injured worker was requesting another injection. The injured worker had lumbar spinal pain, spasming and bilateral sciatic symptoms and some numbness. It was indicated the injured worker had pain relief with trigger point injections and the last trigger point injections were a few weeks prior to the examination which allowed improved physical activity. The injured worker had radicular symptoms of numbness in the left leg and weakness as well. The treatment plan included an epidural steroid injection, trigger point injections, Oxycodone hydrochloride 30 mg tablets 1 half every 4 to 6 hours as needed #90, Soma 350 mg tablets 1 twice a day as needed and Toradol IM 30 mg/per ml 2/60 mg/ml 1 weekly IM.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TORADOL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 72.

**Decision rationale:** The California MTUS guidelines indicate that Toradol is not indicated for minor or chronic painful conditions. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 2012. There is lack of documentation of objective functional benefit and an objective decrease in pain. The request as submitted failed to indicate the frequency, quantity, and strength for the requested medication. Given the above, the request for Toradol is not medically necessary or appropriate.