

<b>Case Number:</b>	CM14-0033775		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	06/07/2000
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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:

The patient is a 71 years old male with an injury date on 06/07/2000. Based on the 02/04/2014 progress report provided by [REDACTED], the diagnoses are; right knee osteoarthritis, EMG 4/26/2013 mild-mod axonal sensorimotor polyneuropathy, multilevel lumbar DDD and B/L NFE, coccydynia since a work-related injury on 06/09/2010, T12 and L3 superior endplate vertebral body fractures on 06/09/2010, cervicogenic headaches, cervical facet syndrome, probable multi-level cervical degenerative disc disease, facet arthropathy, spinal stenosis, and B/L NFE, sleep disorder, depression, obesity, A fib; on Coumadin. According to this report, the patient complains of constant knee and back pain that radiates to the bilateral thigh. Knee pain is rated as a 6/10 for average and 8/10 for worst pain. Low back pain is rated as an 8/10 for average and 4/10 for worst pain. Walking would exacerbate the pain and medications would alleviate the pain. Mild tenderness is noted at the bilateral sciatic notch and right knee. Mild spasm is noted at the bilateral lumbar paraspinal muscles. Right knee and lumbar ranges of motion are limited. There were no other significant findings noted on this report. The utilization review denied the request on 03/10/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 07/31/2013 to 07/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toradol injection 60 mg (retrospective-2.4.14): 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 NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs, specific drug list & adverse effects, page 70. The Expert Reviewer's decision rationale: According to the 02/04/2014 report by [REDACTED] this patient presents with constant knee and back pain that radiates to the bilateral thigh. The treating physician is requesting Toradol injection 60 mg (retrospective 02/04/2014). The MTUS Guidelines states regarding Toradol: Ketorolac (Toradol generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions. Review of the reports do not show discussion regarding the use of Toradol injection other than for the patient's chronic pain. MTUS does not support Toradol for chronic pain. Academic Emergency Medicine, Volume 5, 118-122, "Intramuscular ketorolac versus oral ibuprofen in emergency department patients with acute pain" study demonstrated that there is no difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain. The request is not medically necessary.