

<b>Case Number:</b>	CM14-0033857		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/31/2001
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 57-year-old male who was reportedly injured on July 31, 2001. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 8, 2014, indicated that there were ongoing complaints of left shoulder, neck and right knee pains. The physical examination demonstrated a 5'11", 140 pound individual to have tenderness to palpation of the cervical spine, a decrease in cervical spine range of motion and evidence of radiculopathy. A positive impingement sign was noted on the left shoulder physical examination, and a slight decrease in shoulder range of motion was reported. It was also noted that a repeat cervical surgery was clinically indicated. The diagnostic imaging studies objectified a failure of the cervical fusion mass. The previous treatment included cervical fusion, physical therapy and multiple medications. A request had been made for a Toradol injection and was not certified in the pre-authorization process on February 20, 2014. However, the chronic use of narcotic opioids, such as Toradol 10/325 mg #180 dispensed April 8, 2014, had been certified in the preauthorization process.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toradol 60mg Injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter.

**Decision rationale:** The Chronic Pain Guidelines indicate that ketorolac (Toradol) is not indicated for minor or chronic painful conditions. The Official Disability Guidelines support intramuscular Toradol injections as an alternative to opiate therapy. The claimant is currently taking long term opioids as well as other medications. There is an increased risk of gastrointestinal (GI) side effects and cardiovascular risk when combining two NSAIDs (non-steroidal anti-inflammatory drugs). Furthermore, the progress notes do not indicate any clinical reason as to why this injection was performed, particularly when noting the multiple medications and analgesics prescribed. As such, this request is not considered medically necessary.