

<b>Case Number:</b>	CM14-0039538		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/10/2011
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Occupational Medicine 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 58-year-old female who has submitted a claim for left knee osteoarthritis, left knee medial meniscus tear, L4-L5 and L5-S1 3mm disk protrusion, mechanical discogenic low back pain, and right L5 radiculopathy associated with an industrial injury date of December 10, 2011. The medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain radiating to the right buttock and right leg. The physical examination revealed a positive straight leg raise test. There was tenderness over the left knee medial joint line and bilateral erector spine. The patient's treatment to date has included Toradol 60mg IM injection, lumbar epidural injection, viscosupplementation, acupuncture, and medications, which include Lidoderm patches, Soma, and Celebrex. The utilization review from March 6, 2014 denied the request for retro Toradol 60mg IM Injection because California MTUS and FDA labeling information do not support Toradol IM for other than an acute injury. Its use is not supported for a chronic injury such as in this case.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETRO Toradol 60 mg IM Injection x 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, Specific Drug List & Adverse Effects, Ketorolac (Toradol, generic available) Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Ketorolac (Toradol) and on the Non-MTUS FDA.

**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 (Toradol); NSAIDs, Specific Drug List & Adverse Effects.

**Decision rationale:** As stated on page 72 of California MTUS Chronic Pain Medical Treatment guidelines, Ketorolac (Toradol) is not indicated for minor or chronic painful conditions. The ODG Pain Chapter further states that Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. The FDA boxed warning would relegate this drug to second-line use unless there were no safer alternatives. In this case, the patient received one Toradol IM injection on 2/26/14. However, medical records submitted and reviewed did not include evidence of a decrease in pain score or any functional improvement attributed to Toradol. Also, the patient has been complaining of chronic low back pain and left knee pain; however, Ketorolac is not indicated in the management of chronic painful disorders. Lastly, the present request as submitted failed to specify the date of service to be reviewed. The guideline criteria have not been met. Therefore, the request for retro Toradol 60 mg IM Injection x 1 is not medically necessary.