

<b>Case Number:</b>	CM14-0043932		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	07/16/2012
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 43-year-old male who has submitted a claim for lumbar sprain/strain and retrolisthesis associated with an industrial injury date of 07/16/2012. Medical records from 06/30/2014 were reviewed and showed that patient complained of chronic low back pain graded 6-10/10 radiating down the lower extremities, right greater than left. Physical examination revealed tenderness over the lumbar paraspinal muscles. Lumbar spine ROM (Range Of Motion) was decreased. Decreased reflexes were noted. MMT (Manual Muscle Testing) was 4/5 for bilateral lower extremities. Lumbar spine MRI dated 10/03/2013, revealed slight retrolisthesis of L5 on S1, L5-S1 disc desiccation, L4-5 and L5-S1 neural foraminal stenosis, and absent lordosis. EMG/NCV (Electromyography / Nerve Conduction Velocity) study of the lower extremities dated 02/01/2014 revealed L5 lumbar radiculopathy on the right side. Treatment to date has included Toradol injection (date not made available), physical therapy, TENS (Transcutaneous Electric Nerve Stimulation), HEP (Home Exercise Program), and pain medications and creams. Utilization review dated 04/02/2014 denied the request for Toradol injection 30mg because there was no documented functional improvement from previous injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toradol injection 30mg.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Chronic Pain Medical treatment Guidelines: Non-steroidal Anti-inflammatory Drugs: Ketorolac

(Toradol) Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter: Non-steroidal Anti-inflammatory Drugs: Ketorolac (Toradol).

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

**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 complained of chronic low back pain and had a previous Toradol injection based on the medical records (04/02/2014) with no documentation of functional relief. The use of Toradol for chronic painful conditions is not recommended by the guidelines. The medical necessity has not been established. Therefore, the request for Toradol injection 30mg is not medically necessary and appropriate.