

<b>Case Number:</b>	CM14-0045568		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/08/2005
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, myalgias, myositis, and mid back pain reportedly associated with an industrial injury of February 8, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier lumbar fusion surgery; and a Toradol injection. In a Utilization Review Report dated January 23, 2014, the claims administrator denied a request for a Toradol injection given on January 23, 2014. In its Utilization Review Report, the claims administrator alluded to the applicant having been admitted to the hospital on January 15, 2014 owing to a flare of pain. The applicant was reportedly given an injection on this date, it was suggested, before being discharged. On September 10, 2013, the applicant's pain management physician furnished the applicant with vitamin B12 and Toradol injection for chronic low back pain. The applicant presented with 8-10/10 low back pain. The attending provider stated that Toradol injection is being given to combat an acute flare of pain. The applicant was also given trigger point injections at the same time. The progress note on which the applicant was apparently given the Toradol injection was not seemingly furnished.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Toradol Injection 60mg, IM given on 1/23/14: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available) Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac section Page(s): 72. Decision based on Non-MTUS Citation ACOEM V.3, Chronic Pain, General Principles of Treatment, Medications, Table 11: Dosing for Opioids.

**Decision rationale:** Per the claims administrator's description of events, the applicant apparently received a Toradol injection for an acute flare of pain in which the applicant presented with an inability to walk. While the MTUS does not specifically address the topic of injectable Toradol usage, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that oral ketorolac or Toradol is not recommended for minor or chronic painful conditions, implying that it is, in fact, recommended for acute flares or severe pain. As further noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, a single dose of injectable Toradol is a useful alternative to a single moderate dose of opioids for applicants who present with severe musculoskeletal low back pain. In this case, it does appear, based on the claims administrator's description of events, that the applicant did present with acute, severe musculoskeletal low back pain for which a shot of injectable Toradol was indicated, appropriate, and supported both by the MTUS Chronic Pain Medical Treatment Guidelines and by ACOEM. Therefore, the request was medically necessary.