

<b>Case Number:</b>	CM14-0056729		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/17/2006
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 and is licensed to practice in Arizona. 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:

This is a 66-year-old male who suffered a work related injury to his back several years ago on 1/17/2006. Since then he has complained of chronic back pain. The patient has undergone L3-4 and L4-5 decompressed infusion surgery. He has been on numerous medications for pain management. He was seen by his treating physician on 3/24/2014. He was complaining of back pain and wanted an injection. Therefore Toradol 60 mg intramuscular injection was administered. A medical reviewer has not certified the use or the need for Toradol injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (DOS: 3/24/14) IM (intramuscular) Toradol 60mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Specific recommendations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ketorolac (Toradol®), generic available): 10 mg. [Boxed Warning]: The oral form is only recommended for short-term (up to 5 days) in management of moderately severe acute pain that requires analgesia at the opioid level and only as continuation following IV or IM dosing, if necessary. This medication is not indicated for minor or chronic painful conditions. Increasing doses beyond a daily maximum dose of 40 mg will not provide better efficacy, and will increase the

risk of serious side effects. The FDA boxed warning would relegate this drug to second-line use unless there were no safer alternatives.

**Decision rationale:** Toradol is a strong intramuscular analgesic/anti-inflammatory drug. It is indicated for severe pain. Frequent use of this medication can be accompanied by significant complications and renal damage. Use of this drug should be limited to only severe pain. It should not be prescribed for chronic or minor pain. The physician on 3/24/2014 the day when the injection was given did not specify the details of the patient's pain. It simply states-complains of back pain and wants injection today. Therefore, the request is not medically necessary.