

<b>Case Number:</b>	CM14-0056980		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/06/2012
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	04/23/2014
<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 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 50-year-old female who has submitted a claim for elbow joint pain, wrist joint pain and hip joint pain associated with an industrial injury date of June 6, 2012. Medical records from April 2014 through May 2014 were reviewed, which showed that the patient complained of left shoulder, left elbow, left wrist, right arm, right wrist, right hand and right hip pain. Physical examination revealed the patient wearing a new cast that has a port for her to open and place the bone stimulator through. Fingers on her left hand were discolored in comparison to the other hand. Left shoulder range of motion was limited. Abduction was less than 90 degrees and the shoulder was tender. Positive allodynia over the shoulder with guarding was noted. The left wrist was swollen and tender with color changes. Left hand grip was decreased. The right wrist was swollen and tender with decreased range of motion. Treatment to date has included left wrist arthroscopy and debridement (6/5/13), physical therapy, acupuncture, chiropractic treatment, steroid injections, Toradol injections, and medications, which include Norco 5/325mg, Norco 7.5/325mg, Dilaudid 4mg, Prozac 20mg, and Voltaren gel. Utilization review from April 23, 2014 denied the request for Toradol 60mg IM injection #2 because the California MTUS 2009 ACOEM and Official Disability Guidelines note that this medication is not indicated for minor or chronic painful conditions. Based on the currently available information, the medical necessity for this injection has not been established. Another utilization review from May 29, 2014 approved the request for Toradol 60mg IM injection #1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toradol 60 mg IM injection (in mL): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

**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 Official Disability Guidelines 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 was taking Norco and using Voltaren gel at the time she received Toradol injection, thus this was prescribed not as an alternative medication but rather as an adjunct to treatment, which is not recommended by the guidelines. Also, the patient has been complaining of left shoulder, left elbow, left wrist, right arm, right wrist, right hand and right hip pain since the industrial injury date of 6/6/12 however, the use of Toradol for chronic painful conditions is not recommended by the guidelines. Lastly, the present request as submitted failed to specify the quantity to be dispensed/administered. The guideline criteria have not been met. Therefore, the request for Toradol 60 mg IM injection (in mL) is not medically necessary.