

<b>Case Number:</b>	CM14-0067378		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/19/2014
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 20 year-old male who has submitted a claim for lumbar radiculopathy and lumbar disc displacement associated with an industrial injury date of 02/19/2014. Medical records from 02/19/2014 to 07/11/2014 were reviewed and showed that the patient complained of low back pain graded 9/10 (02/19/2014) . Physical examination (02/19/2014) revealed abnormal gait and tenderness to palpation over the paravertebral muscles of the lumbosacral area. Lumbar ROM was restricted. DTRs, MMT, and sensation to light touch of bilateral lower extremities were intact. SLR, Patrick's, and FABER tests were negative bilaterally. X-ray of the lumbar spine dated 02/19/2014 revealed moderate disc space narrowing and grade 1 spondylolisthesis L5-S1. MRI of the lumbar spine dated 02/21/2014 revealed L5-S1 bilateral chronic spondylosis with minimal stenosis and mild bilateral neural foraminal narrowing. Treatment to date has included Ketorolac IM injection to the right buttock (02/19/2014), 6 chiropractic visits, Etodolac ER 600mg #15 (prescribed 02/19/2014), Hydrocodone Bitartrate-Acetaminophen 5/325 mg #20 (prescribed 02/19/2014), and Polar Frost 150mg 5oz gel tube #30 (prescribed 02/19/2014), Norflex 100mg (prescribed 03/25/2014), and Orphenadrine Citrate ER 100mg (prescribed 02/19/2014). Utilization review dated 04/23/2014 denied the retrospective request for Ketorolac (Toradol) 60mg IM to the right buttock because there was no clear detail provided as to why this medication injection was given.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Ketorolac 60mg IM right buttock: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Ketorolac (Toradol).

**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 Chapter, Ketorolac (Toradol®).

**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 received a 60mg Ketorolac injection to the right buttock due to low back pain graded 9/10 on 02/19/2014. Physical exam findings (02/19/2014) revealed tenderness over lumbar paraspinal muscles and limited ROM. There was no hypesthesia, hyporeflexia, or weakness of bilateral lower extremities. However, there was no discussion provided as to why an intramuscular injection was needed at that time. There was no documentation of trial with safer alternatives, which is required by the guidelines to support Ketorolac IM injection. There was no clear indication as to why Ketorolac injection was needed based on the medical records provided. Therefore, the retrospective request for Ketorolac 60mg IM right buttock is not medically necessary.