

<b>Case Number:</b>	CM14-0067967		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/05/2010
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 & Rehabilitation, Pain Medicine, and is licensed to practice in Texas and Ohio. 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 injured worker is a 57-year-old male who reported an injury on 02/05/2010 after slipping and struck his ribs against an object. The injured worker had history of chronic lower back pain, dorsal spine pain, cervical spine pain, abdominal pain, and right rib pain. The injured worker had a diagnosis of lumbar discogenic disease with radiculitis, chronic lower back pain, thoracic spinal sprain/strain, thoracic discogenic disease, and history of abdominal herniation. No diagnostics were provided. No past treatments were provided. The objective findings dated 05/15/2014 revealed right ribcage tenderness to palpation with lateral compression at the anterolateral margin of the rib cage inferiorly. Muscle strength to hip flexion was 5/5 and knee flexion 5/5 bilaterally. The medication included Restoril 30 mg and Norco 10/325 mg. The treatment plan included continued medications and follow-up in 6 weeks. No VAS was provided. The request for authorization dated 07/11/2014 was submitted within the documentation. The rationale for the Toradol injection and the Norco was not provided.

### 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 3/6/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72.

**Decision rationale:** The request for retrospective Toradol injection 60 mg IM given 03/06/2014 is non-certified. The California MTUS state this medication is not indicated for minor or chronic painful conditions. Per the clinical note provided, no measurable pain scale or function. No efficacy of the current medication was provided. The guidelines do not indicate the use of Toradol for minor chronic painful conditions. As such, the request is non-certified.

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75,78.

**Decision rationale:** The request for Norco 10/325 mg #180 is non-certified. The California MTUS Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the "4 A's" including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical note did not indicate a measurable pain scale. The clinical note did not indicate the efficacy of the Norco. The activities of daily living, adverse side effects, or aberrant drug-taking behavior were not documented within the documentation. The request did not indicate the frequency. As such, the request is non-certified.