

<b>Case Number:</b>	CM14-0069094		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	04/02/2010
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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, 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 injured worker is a 50-year-old male who reported an injury on 04/02/2010. The mechanism of injury was not provided for clinical review. The diagnoses included lumbar spinal stenosis, and chronic lumbosacral strain. Previous treatments included medication. Clinical documentation submitted is largely illegible. The clinical note dated 04/18/2014 it was reported the injured worker complained of constant severe pain rated 6/10 in severity in the low back. On the physical examination, the provider noted the injured worker ambulated with an antalgic gait. He had tenderness to palpation in the right lumbar paraspinal. The request submitted was for Toradol. However, the rationale was not provided for clinical review. The request for authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toradol 60mg IM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 72.

**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, Ketorolac.

**Decision rationale:** The request for Toradol 60 mg IM is not medically necessary. The California MTUS Guidelines note ketorolac also known as Toradol is not indicated for minor or chiropractic painful conditions. However, the Official Disability Guidelines note ketorolac also known as Toradol listing or a Toradol oral formulation should not be given as an initial dose, but only as continuation following IV or IM dosing. The injection is recommended as an option to corticosteroid injections in the shoulder with up to 3 injections. When administered intramuscularly may be used as an alternative to opioid therapy. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted did not specify the quantity. The clinical documentation is largely illegible. The provider did not document an adequate and complete physical examination warranting the medical necessity for Toradol injection. Therefore, the request is not medically necessary.