

<b>Case Number:</b>	CM14-0071197		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	07/19/2006
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 records presented for review indicate that this 61-year-old male was reportedly injured on July 19, 2006. The mechanism of injury is not stated in the medical records reviewed. The most recent progress note, dated June 3, 2014, indicates that there are ongoing complaints of neck pain and face/jaw pain. There are also new complaints of left ankle pain and low back pain since a fall on the bus two weeks prior. Current medications include ibuprofen. The physical examination demonstrated psychomotor slowness with movements and responses. The patient also had tenderness over the occipital portion of the scalp, the temples, jaw and posterior cervical paraspinal muscles. Spasms were noted along the posterior cervical spine and there was decreased cervical spine range of motion. A Toradol injection was provided. A request had been made for a Toradol injection, one every six weeks for four weeks, and was not certified in the pre-authorization process on May 6, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 IM injections of Toradol (1 every 6 weeks for 4 sessions): Upheld**

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

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

**Decision rationale:** According to the most recent progress note dated June 3, 2014, the injured employee is currently stated to be taking ibuprofen. Additional anti-inflammatory medications, such as a Toradol injection, are contraindicated while taking existing anti-inflammatories. Therefore this request for four IM injections of Toradol, one every six weeks for four sessions, is not medically necessary.