

<b>Case Number:</b>	CM14-0191236		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	04/14/1998
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 61 year old male who was injured between 4/14/98 and 8/19/04. He was diagnosed with chronic cervical pain, cervical radiculitis, and cervical degenerative disc disease. He was treated with multiple surgeries (cervical), physical therapy, medications, injections, and radiofrequency neuro ablation, but continued to experience chronic neck pain over the years. Previous to these more recent neck injuries, the worker had a neck injury in the 1980's followed by surgery and other treatments. On 10/14/14, the worker was seen by his treating physician with a reported right neck acute neck pain worsening after having weaned off of his opioid medications seven week prior. He also reported headaches, pain and tingling into both his hands/arms, anxiety, and difficulty sleeping. The worker reported using Toradol injections once per week at home in order to avoid emergency room visits. He also reported using oral Aleve, Tylenol, Elavil, and Xanax. Physical examination revealed trigger points in the posterior cervical region and positive compression test. He was then recommended to see a psychiatrist, a neurosurgeon, cervical epidural injection, and continuation of his Toradol injections weekly and a trial of Benadryl for sleep.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toradol 30mg injectable x2 vials:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic muscle pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. Ketorolac (Toradol), an injectable NSAID, specifically is warned not to be used for minor or chronic painful conditions. In the case of this worker, the Toradol was being used in a non-recommended fashion (weekly, chronic injections). There was also no report documented in the notes stating how these injections improved the worker's overall function, which might have allowed for some consideration for approval. Therefore, the Toradol injections are not medically necessary.