

<b>Case Number:</b>	CM14-0193540		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	08/17/2011
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Internal 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 injured worker (IW) is a 50-year-old woman with a date of injury of August 17, 2011 after hyperextending her right knee when a client went to get off of her lap. She was diagnosed with right knee internal derangement, right knee pain, and lateral cutaneous femoral nerve of the thigh compression syndrome, right sciatica, and pain-related insomnia. The IW underwent right knee arthroscopy, retropatellar chondroplasty, and anterior synovectomy on May 3, 2012. Pursuant to the Primary Treating Physician's Progress Report dated October 21, 2014, the IW complains of low back pain and pain in her bilateral hips, knees and feet. She states that she is in excruciating pain right now. She is not getting her pain medications. She is in severe pain and is concerned about the blockage in her stomach because the Nexium was denied as well. The IW rates her pain at 10/10 at the time of the visit. On exam, the provider documents that the IW has been denied all of her medication. As a result, she is in severe pain and also in withdrawals. The provider does not provide any addition detail in regards to the injured worker's withdrawal symptoms. There is no objective physical examination documented pertaining to musculoskeletal findings. The provider started the IW on Tramadol 50mg and Gabapentin 600mg on October 21, 2014. Additionally the IW was taking Percura, Butrans Patch, Nexium, Temazepam/Lorazepam, Colace 100mg, and Fluriflex (Flurbiprofen/Flexeril) ointment. Of note, a urine drug test dated August 14, 2014 was consistent with Vicodin, Norco, Lorcet, and Lortab, but with inconsistent results including Fluoxetine, Norfluoxetine, Oxymorphone, Temazepam, and Trazadone. The provider documents that the Butrans patch afforded the IW round-the-clock pain relief but have been denied. In the treatment plan, the treating physician documented that he is going to refill the Butrans patch, and the IW has the medications. The IW was provided with a Toradol 60mg Injection in the office on October 21, 2014. The authorization request is for Toradol 60mg intravenous administration.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Toradol 60mg Intravenous Administration between 10/30/2014 and 12/14/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Nonselective NSAIDs, Ketorolac (Toradol). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Chronic), Ketorolac

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Toradol

**Decision rationale:** Pursuant to the Official Disability Guidelines, Toradol 60 mg IV between October 30, 2014 and December 14, 2014 is not medically necessary. Tramadol (Ketorolac) is a non-steroidal anti-inflammatory drug. Tramadol is indicated for the use of moderately severe acute pain that requires analgesia at the opioid level. This medication is not indicated for minor or chronic painful conditions. The oral formulation may be transitioned to oral from the intravenous or intramuscular formulation. In this case the injured worker is a 50-year-old with a date of injury August 17, 2011. She was diagnosed with right knee internal derangement, right knee pain, lateral cutaneous femoral nerve of the thigh compression syndrome, right sciatica and pain related insomnia. The injured worker states the Butrans was providing round-the-clock pain relief. Toradol, however, is indicated for severe acute pain. Toradol is not indicated for chronic painful conditions. Consequently, Toradol 60mg IV between October 30, 2014 and December 14, 2014 is not medically necessary.