

<b>Case Number:</b>	CM15-0001398		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	09/04/2003
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Ohio, North Carolina, Virginia  
 Certification(s)/Specialty: Family Practice

### 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 53 year old male with a date of injury of 9-4-2003. His injury was a cumulative trauma type as a result of a poor desk to chair ratio causing an ergonomically challenging work environment. He has had chronic headaches and neck pain radiating to both upper extremities. the diagnoses include cervical disc displacement, cervical radiculopathy, Guyon's syndrome bilaterally, bilateral carpal tunnel syndrome, and bilateral ulnar nerve neuritis at the elbow. Prescribed medications include Zoloft 100 mg a day, Norco 10/325 mg three times a day, Tizanidine 50 mg at bedtime, and Ibuprofen 800 mg three times daily. It seems that the insurance carrier has repeatedly denied his medications and he appears to have done without all or most of the medication. The physical exam reveals the injured worker to appear depressed. There is tenderness of the cervical musculature, the trapezii, and the right medial epicondyle. There is diminished sensation on the right from C7-T1 and on the left at C6. He has had a prior discectomy and fusion at C5-C6 and bilateral carpal tunnel release. At issue is a request for Toradol 60 mg given intramuscularly on 12-9-2014. This was not certified by utilization review because toradol is accepted as an alternative to opioids for moderately severe, acute pain, and opioids were prescribed the same day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toradol 60mg IM injection:** 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 (Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic)

**Decision rationale:** Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: The oral form is only recommended for short-term (up to 5 days) in management of moderately severe acute pain that requires analgesia at the opioid level and only as continuation following IV or IM dosing, if necessary. This medication is not indicated for minor or chronic painful conditions. Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. Toradol 60 mg was given intra-muscularly on 12-9-2014. There is no indication from that day's progress note that the injured worker was experiencing a flare of his chronic pain condition. His pain level was a 9/10 that day as it had been on other occasions. Opioids were prescribed that day for the injured worker's chronic pain condition. Toradol in oral, intravenous, or intramuscular forms is recommended for moderately severe acute pain conditions. Therefore, the Toradol 60 mg IM injection was not medically necessary.