

<b>Case Number:</b>	CM15-0002628		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	06/13/2011
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 36 year old female, who sustained an industrial injury on 06/13/2011. She has reported chronic back pain. The diagnoses have included degenerative disc disease lumbar spine, and chronic pain syndrome. Currently, in the notes of 10/23/2014), the IW complains of intermittent pain of the lower back that is of sudden onset. and goes down the bilateral lower extremities, left greater than right, down to the calf. The pain is tingling in quality and intermittent in duration with a sudden onset in the context of twisting movements. She has muscle aches, arthralgias and joint pain. There were no complaints of bladder or bowel comprise. Epidural steroid injections have given temporary relief of pain. Physical therapy aggravated her symptoms. Acupuncture gave some help and chiropractic care did not seem to help with the pain. The IW was taking Ibuprofen 600 mg, Norco, valium, and Lidocaine (topical) the Ibuprofen and Norco gave some pain relief, the valium made her drowsy, and the lidocaine did not seem to be helpful. On examination there was tenderness of the paraspinal region at L4 and the iliolumbar region. Active range of motion was 80 degrees flexion, 20 degrees extension.. Motor strength was normal as were reflexes. Seated straight leg raising test was negative on the left and right. A Lumbar medial branch block, Percocet 10/325mg 1 tab by mouth two (2) times per day as needed, and Toradol 10mg by mouth as needed for severe pain was planned. A recommendation was made for a lumbar fusion. On 12/23/2014 Utilization Review non-certified a request for Toradol 10mg by mouth as needed for severe pain, #10, noting that the Non- MTUS, ACOEM guidelines of Mosby's Drug Consult, Toradol/Ketorolac,

was cited. On 01/06/2015, the injured worker submitted an application for IMR for review of the requested Toradol 10mg by mouth.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Toradol 10mg by mouth as needed for severe pain, #10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult, Toradol/Ketorolac

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain-Chronic Page(s): NSAIDs, specific drug list & adverse effects-Ketorolac.

**Decision rationale:** Toradol 10mg by mouth as needed for severe pain, #10 is not medically necessary per the ODG. The MTUS does not address this request. 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. The FDA boxed warning would relegate this drug to second-line use unless there were no safer alternatives. An oral formulation should not be given as an initial dose. The documentation does not indicate that the patient will be taking this medication after IV or IM dosing. The documentation does not indicate that there were no other safer effective first line alternative medications. The request for Toradol 10mg by mouth as needed for severe pain #10 is not medically necessary.