

<b>Case Number:</b>	CM15-0134365		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	06/26/2012
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: Massachusetts

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

### 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 43-year-old female, who sustained an industrial injury on June 26, 2012. She reported pain in her neck, back, knees and left arm. She later began experiencing anxiety and depression due to her work injury. The injured worker was diagnosed as having cervical disc herniation with neurological deficits, lumbar strain with multilevel degenerative disc disease and musculoligamentous sprain/strain of the cervical spine. Treatment to date has included behavioral medicine consultation, medication, surgery, diagnostic studies and physical therapy. The physical therapy was noted to not be effective. Currently, the injured worker complained of stiffness in the neck and trapezius muscles. She also reported low back pain rated as a 3 on a 1-10 pain scale with medication and a 7/10 without medication. The treatment plan included physical therapy and medication. On June 18, 2015, Utilization Review non-certified the request for retrospective IM Toradol 60mg injection, citing California MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective IM Toradol 60mg Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Osteoarthritis, Ketorolac (Toradol) Page(s): 67-72.

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

**Decision rationale:** The claimant sustained a work injury in June 2012 and continues to be treated for neck and back pain. She underwent an anterior cervical decompression and fusion in December 2014. When seen, pain was rated at 3/10 with medications. Opioid medications had been discontinued. Physical examination findings included cervical and lumbar spine tenderness with decreased range of motion. A Toradol injection was administered is recommended for short-term management of moderately severe, acute pain following surgical procedures in the immediate post-operative period. This medication is not indicated for minor or chronic painful conditions. Guidelines recommend Toradol (ketorolac), administered intramuscularly, as an alternative to opioid therapy. In this case, the claimant was not in any documented significant distress and restarting opioid medication was not being considered. The injection was not medically necessary.