

<b>Case Number:</b>	CM15-0138386		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	07/19/2006
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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 62 year old male who sustained an industrial injury on 07/19/2006. There was no mechanism of injury documented. The injured worker was diagnosed with head injury and post-traumatic headaches, dizziness, and cervical disc displacement with chronic myofascial pain, occipital neuralgia, impingement of the upper cervical spinal nerves, post-concussion syndrome with memory loss and cognitive impairment and post traumatic temporomandibular Joint (TMJ) sprain. No surgical interventions or previous therapies or treatments were documented. According to the primary treating physician's progress report on June 3, 2015, the injured worker continued to experience headaches, facial pain and neck pain with some numbness and tingling down the arms. The injured worker also reports a recent fall. Objective findings noted the injured worker to continue to have psychomotor slowness with movements and responses. Neurologically the injured worker was oriented to self and year only. He was unable to state his date of birth. Speech was clear and ability to follow commands and comprehension was intact. Short-term memory was documented as impaired. Facial wincing and expressions of pain were noted with movement. Facial muscles were intact bilaterally with tingling and paresthesia noted. Examination demonstrated tenderness and myofascial pain over the occipital scalp, temples, jaws and the posterior cervical paraspinal muscles. Hypertonicity and muscle spasm was noted at the bilateral trapezii and cervical paraspinal muscles. Cervical range of motion was restricted with less than 10 degrees in all directions. There was diffuse motor and sensory impairment of the bilateral upper and lower extremities not corresponding to specific dermatomes or myotomes. Romberg's test was positive. Gait was antalgic. There were

no assistive devices for ambulation documented. The injured worker was requesting a Toradol injection for relief of pain. The injured worker was administered 60mg Toradol intramuscularly at the office on June 3, 2015. On July 10, 2015, the injured worker was evaluated again for continued headaches, facial and neck pain. He requested a Toradol injection intramuscularly and the provider declined. Current medications are listed as Ibuprofen. Treatment plan consists of continuing with home exercise program and the current request for four intramuscular Toradol 60mg injections.

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

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

#### **Four (4) intramuscular Toradol 60mg injections: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Shoulder (Acute & Chronic): Ketorolac (Toradol).

**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 has a remote history of a work injury occurring in July 2006 and continues to be treated for neck and face pain and headaches. He has been receiving regular Toradol injections. Ibuprofen 600 mg 2-3 times per day is being prescribed. When seen, there was diffuse cervical spine and trapezius muscle tenderness with significantly decreased range of motion. There was diffuse upper and lower extremity weakness due to pain and decreased upper extremity sensation. He had a wide base, guarded gait. Authorization for four Toradol injections at an interval of six weeks was requested. Ibuprofen was refilled. The oral form of Toradol (Ketorolac) 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 Ketorolac, administered intramuscularly, as an alternative to opioid therapy. In this case, starting or discontinuing opioid medication was not being considered. An oral non-steroidal anti-inflammatory medication, ibuprofen, was also being prescribed. A preplanned series of injections is not appropriate. The request is not medically necessary.