

<b>Case Number:</b>	CM15-0142140		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	09/18/2013
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 65-year-old male, who sustained an industrial injury on 9-18-2013. He reported developing back and shoulder pain from repetitive lifting activity. Diagnoses include lumbar sprain with spondylosis, bilateral shoulder internal derangement and rotator cuff syndrome, cervical sprain and spondylosis, myofascitis, and radiculitis. Treatments to date include anti-inflammatory, NSAID, opioid, muscle relaxant, chiropractic therapy, acupuncture treatments, and Toradol injections. Currently, he complained of ongoing pain in the neck, low back, and bilateral shoulders as well as psychological complaints of tension, depressions and anxiety. On 6-23-15, the physical examination documented tenderness and pain with cervical and lumbar range of motion. The shoulders were tender with decreased range of motion. There were multiple positive musculature diagnostic tests documented. Appeal requested authorization for Toradol injections to cervical and lumbar spine (pain management injections).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toradol injections to cervical and lumbar spine (pain management injections): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of trigger point injections Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): ACOEM, Chapter 3, Initial Approaches to Treatment, page 48. Decision based on Non-MTUS Citation Physician Desk Reference, under Toradol injections.

**Decision rationale:** This claimant was injured in 2013, with back and shoulder pain from repetitive lifting activity. Diagnoses include lumbar sprain with spondylosis, bilateral shoulder internal derangement and rotator cuff syndrome, cervical sprain and spondylosis, myofascitis, and radiculitis. There is ongoing pain in the neck, low back, and bilateral shoulders as well as psychological complaints of tension, depression and anxiety. As of June, there is pain with neck and back motion. This was an appeal request for Toradol injections to cervical and lumbar spine (pain management injections). Toradol, or Ketorolac, can be injected IM, and may be used as an alternative to opioid therapy. However, in this case, it is not clear why oral medicine would not be used in lieu of intramuscular injections, with inherent risks. Also, the ACOEM notes that injections should be reserved for patients who do not improve with more conservative therapies. Risks associated with intramuscular or intraarticular administration, included infection and unintended damage to neurovascular structures. This request was appropriately not medically necessary under the available information sources regarding Toradol.