

<b>Case Number:</b>	CM15-0145979		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	07/16/2009
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: 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 45-year-old male who sustained an industrial injury on July 16, 2009 resulting in left shoulder and lower back pain. He is diagnosed with status post left shoulder arthroscopic surgery, lumbar disc herniation with radiculopathy, and tendonitis. Treatment discussed in provided documentation has included left shoulder subacromial bursectomy, acromioplasty, and partial claviclectomy surgery easing shoulder pain; lumbar epidural and facet blocks with temporary relief; and, medication. The injured worker continues to present with radiating low back pain. The treating physician's plan of care includes a Toradol injection and topical cream: Ketoprofen 10 percent, Cyclobenzaprine 3 percent, and Lidocaine 5 percent. The injured worker is considered permanent and stationary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toradol injection 60mg Qty 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medication for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs - Ketorolac Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/NSAIDs-Ketorolac.

**Decision rationale:** Guidelines are very specific that Ketorolac (Toradol) is not recommended in any form for the management of chronically painful condition. Due to the side effect profile use is limited to short term acute pain that would qualify for opioids and even in this setting is considered a second choice medication. This individual is reported to have a flare in chronic low back symptoms, but Guidelines do not support the use of Ketorolac in this setting. There are no unusual circumstances to justify an exception to Guidelines. The Toradol injection 60mg Qty 1 is not supported by Guidelines and is not medically necessary.

**Topical creams Ketoprofen 10%, Cyclobenzaprine 3%, and Lidocaine 5% Qty 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical compounding medications Page(s): 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** MTUS Guidelines are very specific in stating that only FDA/Guideline recommended topical agents are supported and any compound containing non-recommended agents is not supported. The Guidelines specifically address and do not recommend the use of topical Ketoprofen, topical muscle relaxants (Cyclobenzaprine) or topical lidocaine creams/ointments. There are no unusual circumstances to justify an exception to Guidelines. The compounded Topical creams Ketoprofen 10%, Cyclobenzaprine 3%, and Lidocaine 5% Qty 1 is not supported by Guidelines and is not medically necessary.