

<b>Case Number:</b>	CM15-0161167		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	09/08/2009
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 was a 52 year old male, who sustained an industrial injury, September 8, 2009. The injury was sustained when the injured worker was fixing something in a bathroom, while lifting a heavy toilet the injured worker had a sudden onset of pain of back pain. The injured worker previously received the following treatments lumbar spine MRI which showed increasing far out lateral annular tear at the L4-L5 and moderate to severe right foraminal stenosis and decreased disc space with degenerative disc disease at L5-S1 with radiculopathy, Soma, Norco, Tramadol, Pain Management, Toradol injection, Tizanidine, physical therapy and EMG and NCS (electrodiagnostic studies and nerve conduction studies) which showed peripheral neuropathy, epidural steroid injection and facet joint injections. The injured worker was diagnosed with L5-S1 with radiculopathy, chronic pain syndrome, lumbosacral spondylosis without myelopathy and degeneration of lumbar or lumbosacral intervertebral disc. According to progress note of April 22, 2015, the injured worker's chief complaint was low back pain and stiffness radiating into the right buttocks and posterior thigh. The injured worker rated the least pain at 5 out of 10 and the worse pain at 7 out of 10. The sleep pattern was worse. The functionality was worse. The medication usage had increased. The physical exam noted moderate discomfort. There was pain behavior were present. There was mild increase in the thoracic kyphotic curvature. There was facet tenderness bilaterally. The facet loading test was positive bilaterally. There was tenderness at the S1 joints on the right side. The sciatic notch tenderness was present bilaterally. The spine extension was restricted and painful on the right. The injured worker had difficulty with flexing to even touch the knees. The lower back pain had been increasing. The treatment plan included a therapeutic prophylactic (Toradol 40mg) injection for lumbar.

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

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

**Therapeutic prophylactic (Toradol 40 mg) injection for lumbar: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70, 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72. Decision based on Non-MTUS Citation [www.drugs.com/mtm/toradol-im.html](http://www.drugs.com/mtm/toradol-im.html)).

**Decision rationale:** Regarding the request for Therapeutic prophylactic (Toradol 40 mg) injection for lumbar, Chronic Pain Medical Treatment Guidelines state this medication is not indicated for minor or chronic painful conditions. The FDA notes it is used short-term (5 days or less) to treat moderate to severe pain. Within the information available for review, there is documentation of pain. However, guidelines note it is not indicated for chronic painful conditions, and there is no documentation of a recent flare up with new or worsened objective findings. As such, the currently requested Therapeutic prophylactic (Toradol 40 mg ) injection for lumbar is not medically necessary.