

<b>Case Number:</b>	CM15-0185770		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	10/17/2003
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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:

This 61-year-old male sustained an industrial injury on 10-17-13. Documentation indicated that the injured worker was receiving treatment for cervical degenerative disc disease. Previous treatment included chiropractic therapy and medications. In a PR-2 dated 6-8-15, the injured worker complained of upper back and neck pain with headaches and vertigo. Physical exam was remarkable for subluxation at C1-2 and T1-2 with hypertonic muscles creating spasms and "reduced" range of motion in the cervical spine and thoracic spine, trapezius muscle spasms on the left, "decreased" deep tendon reflexes in the left arm and "decreased" grip in the left hand. The physician stated that the injured worker had frequent flares due to the strenuous nature of his work and received chiropractic therapy on an as needed basis. In a neurology progress note dated 6-11-15, the physician noted that the injured worker suffered from a four-year history of memory impairment that was worsening as well as vertigo, balance issues and tinnitus. Magnetic resonance imaging brain (November 2014) was normal. The treatment plan included electroencephalogram sleep deprived. In an office visit dated 6-24-15, the injured worker reported that he had been experiencing increasing right upper extremity pain and gait instability. The physician recommended vestibular rehabilitation. In a progress note dated 7-31-15, the injured worker complained of an average pain level of 4 out of 10 of 10 and worst pain at 7 out of 10. The injured worker reported that 50 to 60% of his pain was relieved on his current medication regimen (Cyclobenzaprine, Norco and Ultram). The injured worker reported that his balance was improving with chiropractic therapy. Physical exam was remarkable for cervical spine with "limited range of motion due to pain". The physician documented that magnetic resonance imaging cervical spine (3-18-15) showed C4-5 disc bulge with mild facet degenerative changes and C6-7 with spurring and narrowing of the left foramen. Electromyography and nerve

conduction velocity test bilateral upper extremities (7-8-14) showed bilateral carpal tunnel syndrome and underlying sensorimotor peripheral polyneuropathy. The physician stated that the injured worker continued to struggle with worsening neck and upper extremity pain and numbness. The treatment plan included continuing medications (Cyclobenzaprine, Norco and Ultram) and a Toradol injection for neck pain. On 8-21-15, Utilization Review non-certified a request for one Ketorolac Tromethamine 60mg injection.

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

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

**One (1) Ketorolac Tromethamine 60 mg injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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 October 2003 when, while felling a tree, he was struck by a falling tree limb. When seen, his neck was still very painful. Pain was rated at 4-7/10. Cyclobenzaprine, Ultram, and hydrocodone/acetaminophen were being prescribed. Physical examination findings included appearing uncomfortable. There was decreased and painful cervical spine range of motion. He was requesting a Toradol injection which was administered. His medications were refilled unchanged. 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, changing or discontinuing opioid medication was not being considered. The injection is not considered medically necessary.