

<b>Case Number:</b>	CM15-0200236		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	08/26/2011
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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, New York, 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 applicant is a represented 36-year-old who has filed a claim for chronic neck, upper back, lower back, and shoulder pain reportedly associated with an industrial injury of August 26, 2011. In a Utilization Review report dated September 13, 2015, the claims administrator failed to approve a request for a Toradol injection. A September 24, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On said September 24, 2015 office visit, the applicant reported 7/10 neck and shoulder pain complaints. The applicant was apparently given a Toradol injection. Neurontin, LidoPro, and Norco were renewed and/or continued. The applicant apparently requested the Toradol injection. The attending provider explicitly stated that the applicant denied any new symptoms or change in symptoms except some heightened left hand numbness. The attending provider stated that the applicant was improved by 15% with pain medications as contrasted with the prior visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toradol injection 60mg, IM (intramuscular) right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, page 942.

**Decision rationale:** No, the request for an intramuscular Toradol injection performed on September 24, 2015 was not medically necessary, medically appropriate, or indicated here. While the MTUS does not address the topic of injectable ketorolac or Toradol, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines notes that oral ketorolac or Toradol is not indicated for minor or chronic painful conditions, by analogy, injectable ketorolac or Toradol is likewise not indicated for minor or chronic painful conditions. Here, the applicant's pain complaints were described as essentially unchanged on the September 24, 2015 office visit at issue. While the Third Edition ACOEM Guidelines Chronic Pain Chapter does acknowledge that a single dose of ketorolac (Toradol) appears a useful alternative to a single moderate dose of opioids for the management of applicants who presented to the emergency department with severe musculoskeletal pain, here, again, there was no mention of the applicant's experiencing any flare in and/or complaints of pain in the severe range on the September 24, 2015 office visit at issue. Rather, it appeared that injectable Toradol was given to address the applicant's chronic, on-going, long-standing pain complaints. Such usage was, however, at odds with both page 72 of the MTUS Chronic Pain Medical Treatment Guidelines and with page 942 of the Third Edition ACOEM Guidelines Chronic Pain Chapter. Therefore, the request was not medically necessary.