

<b>Case Number:</b>	CM15-0201277		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	01/17/2015
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 17, 2015. In a Utilization Review report dated September 15, 2015, the claims administrator failed to approve a request for Toradol injection apparently administered on August 12, 2015. The applicant's attorney subsequently appealed. On said August 12, 2015 office visit, the applicant reported ongoing issues with chronic neck and low back pain. Norco, oral Voltaren, Protonix, and Flexeril were endorsed. The applicant was given injections of Toradol, dexamethasone, and Depo-Medrol. 12 sessions of physical therapy were endorsed while the applicant was placed off of work, on total temporary disability. There was no mention of the applicant's having any flare in pain complaints on or around the date in question.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Toradol 60mg/ml injection (DOS 8/12/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 942 [A] single dose of ketorolac appears to be a useful alternative to a single moderate dose of opioids for the management of patients presenting to the ED with severe musculo-skeletal LBP.

**Decision rationale:** No, the Toradol injection administered on August 12, 2015 was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so to ensure proper usage and so as to manage expectations. Here, however, the attending provider's August 12, 2015 was thinly and sparsely developed. It was not clearly state for what issue, diagnosis, and/or purpose the Toradol injection in question had been administered, nor was it stated why the applicant was given three separate injections, namely Toradol injection, Decadron injection, and a Depo-Medrol injection. Page 72 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that oral ketorolac or Toradol was likewise not indicated for minor or chronic painful conditions. By analogy/implication, injectable ketorolac or Toradol was likewise indicated for minor or chronic painful conditions. Here, there was no mention of the applicant's having any flare in pain complaints on or around the date in question, August 12, 2015. While the Third Edition ACOEM Guidelines Chronic Pain Chapter acknowledged on page 942 that a single injection of ketorolac (Toradol) is a useful alternative for applicants who present to the emergency department with flare of severe musculoskeletal low back pain. Here, again, there was no mention of any severe flare in pain complaints present on the date in question, August 12, 2015. Therefore, the request was not medically necessary.