

<b>Case Number:</b>	CM15-0202369		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	05/04/2011
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/25/2015
<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, Florida, 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 54 year old female worker who sustained an industrial injury May 04, 2011. The worker is being treated for: chronic unchanged depression and insomnia; low back pain radiating to left lower extremity and left buttock: lumbosacral spondylosis. Subjective: left sided low back pain radiating to the left buttock with associated numbness of the left lower extremity; chronic and unchanged depression, insomnia. July 17, 2015: "constant low back, gluteal pain radiating parasthesia's." Objective: April 20, 2015: left radiculopathy, coccydynia and left lower leg pain, chronic fatigue and weight gain. Medications: April 20, 2015 Diazepam, Gabapentin, Percocet, Valium, and Celebrex. July 17, 2015: Gabapentin, Percocet, Valium, Celebrex. Treatments: October 2012 lumbar discectomy and 2013 developed recurrent herniation and underwent anterior lumbar fusion. Prior to surgical intervention: activity modifications, injections, aquatic therapy, physical therapy, also self- attempted weaning from medications but pain too great without analgesia: DME lumbar spine brace. On September 22, 2015 a request was made for Toradol 10mg #20 that was noncertified by Utilization Review on September 25, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toradol 10mg #20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Compensation Drug Formulary.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation Physician Desk Reference, under Toradol.

**Decision rationale:** This claimant was injured in 2011 with chronic unchanged depression and insomnia; low back pain radiating to left lower extremity and left buttock: lumbosacral spondylosis. There was an October 2012 lumbar discectomy and 2013 developed recurrent herniation and underwent anterior lumbar fusion. Toradol, or Ketorolac, can be injected IM, and may be used as an alternative to opioid therapy. The MTUS however notes that such injections should be reserved for patients who do not improve with more conservative therapies. It is not evident what prompted the injection, and that conservative care had been exhausted. The request was appropriately not medically necessary.