

<b>Case Number:</b>	CM15-0040379		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	01/26/2011
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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 (IW) is a 50-year-old male who sustained an industrial injury on 01/26/2011. Initially, the Injured Worker reported pain in the shoulders. The IW was diagnosed with unspecified disorders of the bursae and tendons in the shoulder region; unspecified myalgia and myositis; neck sprain/strain; intervertebral cervical disc disorder with myelopathy, cervical region; sleep disturbance and sacroiliac joint dysfunction. Treatment and diagnostics to date have included medications, epidural injection, physical and massage therapy, TENS, and MRI of the cervical spine. Massage therapy was helpful for the neck. According to the progress notes dated 2/12/15, the Injured Worker currently reports a moderate increase in neck and shoulder pain. The requested treatment is included in the provider's treatment plan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toradol injection 60 mg 1 time a month for 6 months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 67-68, 72.

**Decision rationale:** Toradol is a non-steroidal anti-inflammatory drug (NSAID). Chronic Medical Treatment Guidelines state that "anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted". For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for GI toxicity and renal function have been reported. Medications for chronic pain usually provide temporary relief. Medications should be prescribed only one at a time and should show effect within 1-3 days. Record of pain and function with the medication should be documented. This medication is not indicated for minor or chronic painful conditions. Adverse effects for GI toxicity and renal function have been reported. The FDA boxed warning would relegate this drug to second-line use unless there were no safer alternatives. In this case there is no documentation that the patient has failed treatment with first-line medications. There is no indication for the use of parenteral toradol. The request should not be authorized.