

<b>Case Number:</b>	CM15-0046652		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	02/03/2006
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 56-year-old female, who sustained an industrial injury on 2/03/2006. She reported a slip and fall with injury. The injured worker was diagnosed as having low back pain, right sacroiliitis, lumbar facet pain, status post left total knee replacement, left knee pain, and cervical strain/sprain. Treatment to date has included physical therapy, diagnostics, and medications. On 1/30/2015, the injured worker complained of persistent low back and lower extremity pain. She rated back pain as 7/10 and 8/10 for her left knee. She was currently working on muscle strength with physical therapy and also used a knee brace while she walked. Lumbar magnetic resonance imaging was referenced from 1/2015. She stated that Toradol injections were helpful in the past for pain flare-ups. Physical exam noted tenderness and spasm in the lumbar paraspinals. Motor and sensory testing to the lower extremities was within normal limits. Current medication regime was not noted. The treatment plan included a request for Toradol injections in the office, up to 6 times a year, for flare-ups of pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toradol injections times six a year for flare ups:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Toradol.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Toradol injections time's six injections per year for flare-ups is not medically necessary. Toradol is recommended for short-term (up to five days) and management of moderately severe acute pain that requires analgesia at the opiate level. This medication is not indicated from minor or chronic painful conditions. The injection is recommended as an option to corticosteroid injections. Toradol may be used as an alternative to opiate therapy. In this case, the injured worker's working diagnoses are low back pain; right sacroiliitis; lumbar facetal pain; status post left total knee replacement; left knee pain; and cervical sprain/strain. The documentation states Toradol injections have been effective in the past for acute flare-ups. The injured worker wants to present off and on as needed for Toradol injections. Although Toradol is clinically indicated for short-term management of moderate to severe acute pain, six injections per year for flare-ups are not clinically indicated. Consequently, absent compelling clinical documentation for multiple Toradol injections, Toradol injections times six per year for flare-ups is not medically necessary.