

<b>Case Number:</b>	CM15-0050421		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	11/19/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 60 year old female, who sustained an industrial injury on 11/19/2012. Initial complaints reported included left ankle pain after rolling ankle and later developed left side and hip pain. The initial diagnoses were not mentioned. Treatment to date has included conservative care, medications, MRIs, x-rays, and lumbar medial branch blocks L4-S1. Per the progress report dated 02/04/2015, the injured worker complains of ongoing low back pain , left hip pain, left knee pain and left ankle pain. Current diagnoses include lumbar spine facet arthrosis, bulging disc of the lumbar spine with left-sided radiculopathy, severe left hip osteoarthritis, severe left knee osteoarthritis, and plantar osteoarthritis of the left ankle. The treatment plan consisted of a Toradol, Depo-Medrol and dexamethasone injections (given), continued medications, referral for total knee replacement, referral for follow-up for ablation therapy of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Depo-Medrol 80mg injection, site not specified, date of service 02/04/15: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Back chapter: Steroid, Criteria for the use of Corticosteroids (oral/parenteral for low back pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60.

**Decision rationale:** The claimant sustained a work-related injury in November 2012 and continues to be treated for chronic low back and left lower extremity pain. When seen injections of Toradol, dexamethasone, and Depo-Medrol were administered. Duragesic was prescribed. Guidelines recommend that when prescribing medications only one medication should be given at a time. When seen injections of Toradol, dexamethasone, and Depo-Medrol were administered which was duplicative. Therefore, this injection was not medically necessary.

**Retrospective request for Toradol 15mg injection, site not specified, Date of service 2/04/15:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol).

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

**Decision rationale:** The claimant sustained a work-related injury in November 2012 and continues to be treated for chronic low back and left lower extremity pain. When seen injections of Toradol, dexamethasone, and Depo-Medrol were administered. Duragesic was prescribed. The oral form of Toradol (Ketorolac) is recommended for short-term management of moderately severe, acute pain following surgical procedures in the immediate post-operative period. This medication is not indicated for minor or chronic painful conditions. Guidelines recommend Ketorolac, administered intramuscularly, as an alternative to opioid therapy. In this case, the claimant was also prescribed Duragesic. Therefore the Toradol injection was not medically necessary.