

<b>Case Number:</b>	CM15-0056515		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	11/30/2001
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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 is a 52 year old female who sustained an industrial injury on 11/30/2001. Her diagnoses, and/or impressions, included status-post lumbar laminectomy with fusion; bilateral lower extremity radiculopathy - likely related to lumbar transition level neural foraminal stenosis; and post-laminectomy syndrome. Current magnetic resonance imaging studies were not noted but were stated to have been requested. Her treatments have included medication management. The progress notes of 3/13/2015, post this Utilization Review, show complaints of worsening radiating neck and back pain, neck, back, and with swelling of the legs causing significant limitations with her activities of daily living. The physician's request for treatment included Ketorolac Tromethamine to help with inflammation and pain control. No progress, or evaluation, notes for the applicable request for authorization form of this review were provided for my review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketorolac Tromethamine 10mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181; Table 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Ketorolac (Toradol).

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

**Decision rationale:** Ketorolac 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. In addition, the patient has been prescribed the NSAID Mobic (meloxicam). The duplication of treatment increases the risk of adverse effects with little benefit. The request should not be authorized and is not medically necessary.