

<b>Case Number:</b>	CM14-0140276		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	02/22/2012
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 49 year old female with a 2/22/12 injury date. The mechanism of injury was a fall. In a follow-up on 7/1/14, the patient complains of lower back pain with some radiation to the hip and buttock, and pain radiating down her posterior thigh but not going past the knee. Objective findings include a 1 inch pelvic tilt with the right side lower than the left. In a follow-up on 7/23/14, the patient complains of low back, elbow, hip, and shoulder pain. The severity of pain is 6/10 and radiates to the elbow, neck, forearm, fingers, upper back, lower back, hip, and lower extremities. Pain is relieved with rest and medications. The provider opines that he patient should come twice per week so that she uses less opiates. Diagnostic impression: left shoulder rotator cuff tear/impingement, chronic low back pain. Treatment to date: left shoulder arthroscopy, left elbow surgery, L4-5 lumbar discectomy, weekly Toradol 60 mg injections, oral meds including hydrocodone and ibuprofen, physical therapy. A UR decision on 8/21/14 denied the request for Toradol injection on the basis that guidelines do not recommend Toradol for minor or chronic painful conditions. In addition, the provider does not indicate why oral NSAIDs may not be given instead.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toradol Injection 60mg (Retro) dos 7/23/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, (non-steroidal anti-inflammatory drugs) Ketorolac (Toradol).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Toradal).

**Decision rationale:** CA MTUS states that Toradol carries a boxed warning that "this medication is not indicated for minor or chronic painful conditions." The FDA states that Ketorolac is indicated for the short-term (up to 5 days in adults), management of moderately severe acute pain that requires analgesia at the opioid level and only as continuation treatment following IV or IM dosing of Ketorolac tromethamine. In the present case, it is clear from the documentation that the patient has chronic pain and has failed significant trials of conservative therapy. She has been getting weekly Toradol injections for several months, but there is no discussion of why this is preferred or necessary compared to oral NSAIDs. The guidelines do not appear to support weekly injections for a chronic condition. Therefore, the request for Toradol Injection 60mg (Retro) dos 7/23/2014 is not medically necessary.