

<b>Case Number:</b>	CM14-0146795		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	09/30/2010
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 47-year-old male patient who sustained an industrial injury on 09/30/2010. Diagnoses are shoulder joint pain, elbow joint pain, lower leg pain, lumbago, cervical degenerative disc disease, lumbar degenerative disc disease, herniated cervical disc, cervical facet arthropathy, cervicgia, and sciatica. Mechanism of injury occurred while working at a prison when an inmate tried to hit him family antigravity in made in the 2 hit the concrete together. The patient struck his left elbow. Previous treatment has included physical therapy, activity modification, sling, injections, surgery, in multiple oral medications. Current medications included Norco 10/325 mg, Voltaren gel, Flexeril 10 mg, and Lidoderm 5% patch. Open MRI of the cervical spine dated 08/23/14 revealed anterior fusion C6/7 in satisfactory alignment. No significant focal dorsal disc herniation, canal stenosis or foraminal narrowing is seen. On 08/26/14 the patient presented with complaints of worsening pain with physical therapy 2 weeks after returning from vacation. He reported needing more of his Norco at 5 per day. Pain level was rated at 6/10. He reported left-sided neck pain with radiation to the left shoulder and elbow down to the left fourth and fifth digits. He complained of burning and numbness in the medial aspect of left elbow with increased swelling. He reported no benefit with tramadol and discontinued this. He does continue to report benefit with Norco. He continues to benefit with Flexeril for muscle spasm after getting off work and wearing a lead vest all day. He continues to benefit from Lidoderm patch and Voltaren gel. On physical examination there was decreased range of motion to the neck with tenderness over the posterior neck and sensory deficits in the C6-7 and C7-T1 dermatomes bilaterally, left greater than right. There is tenderness to the left elbow with positive swelling, cool to touch. Medications were refilled period patient was administered a Toradol 60 mg intramuscular injection in office. A request for retro (8/26/14) Toradol 60 mg IM injection quantity 1 was non-certified at utilization review on 09/03/14,

though with the reviewing physician noting that per guidelines, this medication is not indicated for minor or chronic painful conditions.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**RETRO (8/26/14): Toradol 60mg IM injection QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, NSAIDs, specific drug list and adverse effects, Ketorolac

**Decision rationale:** Per ODG Guidelines, "This medication is not indicated for minor or chronic painful conditions." Guidelines do not support the use of Toradol injections for the treatment of minor or chronic painful conditions, and this patient has chronic pain secondary to an injury in 2010. The patient reported a moderate pain level of 6/10. The patient was not taking oral anti-inflammatories, which would be a first line treatment option for an acute flare-up. There is no rationale indicating why patient was unable to take readily available OTC or generic NSAIDs as opposed to an intramuscular injection of Toradol. The medical necessity of retro (8/26/14) Toradol 60 mg IM injection quantity 1 is not established.