

<b>Case Number:</b>	CM14-0176472		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	07/29/2000
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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:

The injured worker is a 61 year old male with date of injury 7/29/2000. The mechanism of injury is stated as cumulative trauma. The injured worker has complained of lower back pain since the date of injury. He has been treated with epidural steroid injections, physical therapy and medications. There are no radiographic reports included for review. Objective: decreased and painful range of motion of the lumbar spine, tenderness to palpation of the bilateral paraspinal musculature. Diagnoses: lower back pain, sciatica. Treatment plan and request: Toradol IM 60mg x 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toradol 60 ml/2 ml IM injection 60 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available) Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), Page(s): 67.

**Decision rationale:** Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This injured worker has been treated with NSAIDS for at least 6 month duration. There is no documentation

in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this injured worker. On the basis of this lack of documentation, the request for Toradol IM injection is not medically necessary.