

<b>Case Number:</b>	CM14-0177458		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	12/06/1990
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Interventional Spine 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 patient is a 57 year old male with an injury date of 12/06/90. Work status as of 5/29/14: "He is presently not working and was previously rendered permanent and stationary." Based on the 5/29/14 progress report by [REDACTED] this patient complains of "moderate to moderately severe low back pain along with bilateral lower extremity radiculopathy that is right-side dominant." He describes the pain "as aching with numbness and a pins and needles sensation." He states his pain is at "9/10 on the pain scale." Exam of the lumbar spine shows "tenderness in the paraspinous musculature" and "midline tenderness" with positive muscle spasm. Sciatic nerve compression is positive with "bilateral sacroiliac tenderness noted on compression." Straight leg raise test for R/L: supine: 60/60 and seated: 50/50. Lumbar range of motion: flexion 15 (normal 40-50), extension 10 (30-40), rotation right 20 (normal 45), rotation left 15 (normal 45), tilt right and tilt left are both 10 (normal 30-40). Sensory testing with a pinwheel shows "decreased pain sensation in the foot dorsum and posterolateral calf" with "grade 4 plantar flexor and toe extensor" with manual muscle test. "Tenderness in right knee and hamstring" with "abnormal patellar tracking" and "positive patellar grind maneuver." Positive for McMurray's test and mildly positive for varus-valgus stress test. Diagnoses include: 1.Lumbar discopathy/disc disorder with myelopathy. 2.Right knee meniscal tear.3.Depression.4.Obesity.-8/29/14: Patient presents with low back pain and leg pain rated at "10/10" and patient uses BuTrans patch "which he states is helping," and attending acupuncture therapy. Patient received an 80 mg intramuscular injection of both Kenalog and Depo Medrol.-5/29/14: Current medications for this patient include: "Prilosec which he states is helping him along with medical patches." Is not attending any therapy at this time. At that visit, this patient received a 2 mm intramuscular injection of Toradol for "symptomatic relief," for which a retrospective RFA was submitted by the treater on

5/27/14. Per 12/06/13, patient presented with severe low back pain rated at "10/10" and given a 2 mm injection of Toradol for "symptomatic relief without untoward effect." Treater submitted a retrospective RFA on 12/06/13. The utilization review being challenged is dated 9/25/14. The request is for a Toradol injection. The requesting provider is [REDACTED] and he has provided four progress reports from 12/06/13 to 8/29/14.

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

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

**Toradol Injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol) Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Toradol, Academic Emergency Medicine, Vol. 5, Intramuscular ketorolac vs. oral ibuprofen, page(s) 118-122

**Decision rationale:** This patient presents with "9/10" low back aching with numbness and prickling sensation with bilateral lower extremity radiculopathy, The treater requests a Toradol injection. Regarding Ketorolac (Toradol, generic available), MTUS p. 72, states: "This medication is not indicated for minor or chronic painful conditions." Academic Emergency Medicine, Vol 5, 118-122, Intramuscular ketorolac vs. oral ibuprofen in emergency department patients with acute pain, study demonstrated that there is "no difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain." In review of reports, treater has not documented why patient needs Toradol injection as opposed to taking oral NSAIDs, which provides comparable level of analgesia. Recommendation is for denial.