

<b>Case Number:</b>	CM14-0184400		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	08/01/2002
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 59-year-old man who sustained a work related injury on August 1, 2012. Subsequently, he developed chronic low back pain. According to the progress report dated September 12, 2014, the patient complained of constant pain in his low back radiating to his right buttock area. On examination, the gait was normal, sensation was intact to light touch and pinprick in all dermatomes tested of both lower extremities, and there was restricted range of motion at L4 spine level. On an urgent visit dated September 29, 2014, the patient reported severe pain in his lower back with pain level at 9/10 in severity. The patient was given a pain injection to reduce pain. The patient was diagnosed with lumbar intervertebral disc without myelopathy. The provider requested authorization for toradol injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toradol 60mg intramuscular injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Toradol.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac Page(s): 127.

**Decision rationale:** According to MTUS guidelines, "Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions." Toradol is recommended for severe acute pain for a short period of time. According to MTUS guidelines, Toradol is not indicated in case of minor or chronic painful condition. Therefore, the prescription of Toradol is not medically necessary.