

<b>Case Number:</b>	CM15-0012053		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	08/13/2002
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

### 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 52 year old female, who sustained a work related injury on 8/13/02. The diagnoses have included migraines, displacement of intervertebral cervical disc, herniated nucleus pulposus C3-4 and C6-7 and cervical spine surgery x 2. Treatments to date have included cervical spine surgery x 2, previous Toradol injection, oral medications, Botox injections and physical therapy. The injured worker complains of neck pain with pain that radiates to arms. She has tenderness to palpation of neck. On 1/15/15, Utilization Review non-certified a request for a Toradol injection. The California MTUS, Chronic Pain Treatment Guidelines, and ACOEM Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IM Toradol injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 69-72.

**Decision rationale:** The California chronic pain medical treatment guidelines section on NSAID states: Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. (Roelofs-Cochrane, 2008) See also Anti-inflammatory medications. Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions. While NSAID therapy is indicated for the treatment of chronic back pain, the requested medication Toradol is not indicated for chronic pain but only for acute pain of moderate to severe intensity. The patient has been given the injection for acute flare up of chronic pain issues. Therefore the request is certified.