

<b>Case Number:</b>	CM15-0175224		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	07/27/2014
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Arizona, Texas  
 Certification(s)/Specialty: Internal Medicine

### 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 26 year old female injured worker suffered an industrial injury on 7-27-2014. The diagnoses included cervical disc displacement, muscle spasms, radiculopathy and sprain-strain, thoracic myospasms, sprain-strain, lumbar disc protrusion, facet hypertrophy, muscle spasms, radiculopathy sprain-strain, and right hip, knee and ankle sprain-strain. On 7-23-2015 the treating provider reported cervical spine pain rated 5-10 without medications and 2 out of 10 with medications. With associated headaches with radiating pain, tingling and numbness to the right greater than left extremities. The thoracic spine pain was rated 5 out of 10 without medication and 2 out of medications. The lumbar spine was rated 4 to 5 out of 10 without medications and 2 to 3 with medication with associated radiating pain, tingling and numbness to the right lower extremity. The right hip pain was rated 4 to 5 out of 10 without medications and 3 to 4 out of 10. The right knee pain was rated 4 out of 10 without medication and 1 out of 10 with medications. The right ankle pain was rated 4 out of 10 without medication and 2 out of 10 with medication. On exam the cervical, thoracic and lumbar spine were tender with muscle spasms. The right hip, knee and ankle were tender. Prior treatments included Naproxen, tramadol and Cyclobenzaprine with topical compounds. The Utilization Review on 8-4-2015 determined non-certification for one intramuscular injection of Toradol 60 mg to the left gluteal musculature.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One intramuscular injection of Toradol 60 mg to the left gluteal musculature:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** According to the MTUS, Toradol is a parental NSAID medication that is not indicated for minor or chronic painful conditions. In this case the patient suffers from chronic pain of multiple sites. Previous treatment has included oral analgesic medications. The pain level while taking this medication is rated to be a 2/10. The documentation provided doesn't support that she had any acute exacerbation of pain that would warrant a parental NSAID medication. The medical necessity for Toradol is not made.