

<b>Case Number:</b>	CM15-0179189		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	04/28/2012
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 year old female, who sustained an industrial injury on April 28, 2012, incurring ankle and low back injuries. She was diagnosed with lumbar radiculopathy and a left ankle sprain. Treatment included a lumbar brace, pain medications, anti-inflammatory drugs, lumbar epidural steroid injection, antidepressants, topical analgesic cream, and activity restrictions. Random urine toxicology testing was consistent with medications taken. The injured worker was denied a second lumbar epidural steroid injection and ordered on Toradol for pain. Currently, the injured worker complained of low back pain with radiculopathy to the left leg. Lower extremity reflexes were absent and lumbosacral sensation was decreased. She noted increased pain with range of motion. She noted increased depression secondary to her consistent low back pain which interfered with her activities of daily living. The treatment plan that was requested for authorization September 11, 2015, included a prescription for a retrospective injection of Toradol 60 mg on July 16, 2015. On August 14, 2015, a request for a prescription for Toradol injection given on Jul 16, 2015, was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective for Toradol Injection 60 mg IM, DOS: 7/16/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Ketorolac (Toradol).

**Decision rationale:** The claimant sustained a work injury in April 2012 and is being treated for low back pain with left lower extremity radicular symptoms. The claimant has poor gastrointestinal tolerance of oral NSAID medications. When seen in June 2015, she was having up and down pain, especially left sided radicular pain. A Toradol injection was administered. Nabumetone, Protonix, and Effexor were prescribed. In July 2015, her symptoms were the same. She was being seen by a psychiatrist for depression. She was using a back brace. Physical examination findings included a BMI of 30. There was pain with lumbar range of motion and positive left straight leg raising with decreased left lower extremity sensation and an antalgic gait. She was in no acute distress. A Toradol injection was administered. Guidelines recommend ketorolac, administered intramuscularly, as an alternative to opioid therapy. In this case, the claimant was not in any documented distress and starting or discontinuing opioid medication was not being considered. The injection is not medically necessary.