

<b>Case Number:</b>	CM15-0064074		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	05/20/2001
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 42 year old female, who sustained an industrial injury on 5/20/2001. She reported neck pain and bilateral shoulder pain. Diagnoses have included cervical strain and chronic pain. Treatment to date has included massage, transcutaneous electrical nerve stimulation (TENS) unit and medication. According to the progress report dated 1/13/2015, the injured worker complained of having a migraine for the last couple of days, more right sided with a lot of right sided cervical muscular tightness. Physical exam revealed the injured worker to be quite uncomfortable and miserable. She was tender at the nape of the neck, right greater than left with painful range of motion. She was tender with tight cords along the trapezius and the cervical scapular musculature on the right. A Toradol injection was given. Authorization was requested for retrospective review of Toradol injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Toradol injection (date of service: 01/13/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC) Pain Procedure Summary Online Version last updated 02/23/2015.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), page(s) Page 22.

**Decision rationale:** Ketorolac tromethamine (Toradol), a non-steroidal anti-inflammatory drug (NSAID), is indicated for the short-term (up to 5 days in adults), management of moderately severe acute pain that requires analgesia at the opioid level. Ketorolac (Toradol, generic available) has a boxed warning as this medication is not indicated for minor or chronic painful conditions. Report from the provider noted ongoing chronic pain symptoms. Submitted report has no documented medical indication for this NSAID injection over oral formulation which is not recommended for increase GI bleeding. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to for the Ketorolac injection for chronic pain without demonstrated acute flare-up. The Retro: Toradol injection (date of service: 01/13/15) is not medically necessary and appropriate.