

Case Number:	CM15-0077173		
Date Assigned:	04/28/2015	Date of Injury:	07/15/2010
Decision Date:	05/26/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/22/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 65 year old female, who sustained an industrial/work injury on 7/15/10. She reported initial complaints of neck pain. The injured worker was diagnosed as having neck and shoulder pain. Treatment to date has included medication, prior surgery (cervical fusion), and injections. MRI results were reported on 9/27/10, 6/11/14. CT Scan results were reported on 1/31/12. X-Rays results were reported on 12/13/10, 3/7/11, 7/6/11, 11/30/11, 6/30/14, 12/8/14, 2/2/15, and 3/16/15. Currently, the injured worker complains of chronic neck pain, spasms, and into the left jaw and chest. The pain is 8/10 without medication and 4/10 with medication. There was also numbness in the upper extremities as well as depression. Per the primary physician's progress report (PR-2) on 3/16/15, examination revealed cervical spasms, range of motion decreased by 50 %, range of motion decreased to left shoulder by 20%. Current plan of care included Toradol for flare up. The requested treatments include IM Toradol Injection for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

IM Toradol Injection 60 MG for The Neck: Upheld

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

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. In this case, the patient was receiving Toradol IM injections on an as needed basis (the last was in record being done on March 16, 2025). However, there is no documentation of the patient's response to these injections in terms of pain reduction and functional improvement. Therefore, the prescription of Toradol injection 60mg is not medically necessary.