

Case Number:	CM13-0025890		
Date Assigned:	11/20/2013	Date of Injury:	08/31/2010
Decision Date:	01/17/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Management and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52-year-old male who reported an injury on 04/04/1988. The patient is currently diagnosed with C5-6 and C6-7 disc herniation with radiculopathy, L3-4 through S1 discopathy with radiculopathy, left knee internal derangement, cubital tunnel syndrome, carpal tunnel syndrome, right median nerve neuropathy, and right ulnar neuropathy. The patient was recently evaluated by [REDACTED] on 06/18/2013. The patient presented with ongoing neck, right wrist, right elbow, low back, and left knee pain. Physical examination revealed positive cervical compression testing, decreased sensation on the ulnar and median nerve distributions with weakness of the right upper extremity, decreased grip strength, positive Tinel's and Phalen's testing, diminished sensation, positive cubital Tinel's testing, crepitus noted on flexion and extension of the right elbow, and tenderness to the medial and lateral joint line of the left knee with difficulty performing range of motion exercises. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective prescription for Sprix 15,75mg, 2 sprays (1 per nostril) every 6-8 hours for pain QTY: 5 (DOS 7/13/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/pro/spix-nasal-spray.html

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: Sprix is the brand name for ketorolac tromethamine. California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. For acute exacerbations of chronic back pain, NSAIDs are recommended as a second line treatment after acetaminophen. As per the clinical notes submitted, the patient does not maintain a diagnosis of osteoarthritis. There is also no evidence of a failure to respond to first line treatment with acetaminophen prior to the initiation of an NSAID. Guidelines do not recommend chronic long-term use of NSAIDs. There is also no evidence of a contraindication to oral anti-inflammatory medication. The medical necessity for the requested medication has not been established. As such, the request is non-certified.