

Case Number:	CM13-0031877		
Date Assigned:	12/04/2013	Date of Injury:	02/11/2010
Decision Date:	01/21/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/04/2013

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 Family Practice 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:

54 yr. old male claimant who sustained a work injury on 2/11/10 after falling on his back. His most recent diagnosis has been Cervicalgia and neuroforaminal stenosis. He has undergone epidural injections and decompression neuroplasty . He is getting relief from a TENS unit and was prescribed Spirix spray for analgesia on 7/25/13 (prescribed since at least Feb 2013). Prior pain management has included Flexeril, Gabapentin, and Carisoprodolol .

IMR ISSUES, DECISIONS AND RATIONALES

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

Sprix 15.75mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS(non-steroidal anti-inflammatory drugs), Page(s): 67-73.

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

Decision rationale: Sprix is intranasal Ketorolac (NSAID). The MTUS guidelines do not make comment on nasal NSAIDS. However, NSAID are recommended at the lowest dose for the shortest period for patients with moderate or severe pain in cases of chronic back pain and osteoarthritis. NSAIDs such as Ketorolac are not superior to acetaminophen . There is inconsistent evidence for long-term use for neuropathic pain. The prolonged use of NSAIDs can

also delay healing of soft tissues , muscles, ligaments, tendons and cartilage. Furthermore, Nasal NSAIDS can have systemic absorption similar to or greater than topical NSAIDS. The MTUS guidelines on topical NSAIDS state that they may have benefit for osteoarthritis for a 2 week period. In this case the claimant has been prescribed Sprix for several months. Based on lack of supporting evidence and lack of documentation of failed 1st line therapies such as acetaminophen and oral NSAIDS , the use of Sprix is not medically necessary.