

Case Number:	CM13-0038075		
Date Assigned:	12/18/2013	Date of Injury:	07/01/1995
Decision Date:	02/14/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/24/2013

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 Physical Medicine and Rehabilitation 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 69-year-old female who reported injury on 7/01/95. The mechanism of injury was not provided. The patient was noted to have ongoing flare ups of right wrist pain, neck pain, and headaches. The patient's diagnosis was noted to include chronic neck pain. The request was made for Sprix spray #5 (1.7 gram) bottles for pain control and flare up control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for five (5) bottles of Sprix nasal spray: Upheld

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

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

Decision rationale: Official Disability Guidelines recommend Sprix for the short-term management of moderate to moderately severe pain requiring analgesia at the opioid level and the total duration of the use should not exceed 5 days. Moreover, it is not recommended as a first line medication for chronic pain per guidelines. In this case, the clinical documentation submitted for review indicated that the patient was taking multiple medications. The medical records submitted, fail to provide evidence the patient had trialed and failed first line

medications. Additionally, the request for 5 bottles would be excessive as there was a lack of documentation indicating the directions for the use of the spray. Given the reasons provided, the retrospective request for 5 bottles of Sprix nasal spray is not medically necessary. The retrospective request for five (5) bottles of Sprix nasal spray is not medically necessary and appropriate.