

Case Number:	CM13-0045092		
Date Assigned:	12/27/2013	Date of Injury:	07/01/2007
Decision Date:	04/01/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/30/2013

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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 59 year-old with a date of injury of 07/01/07. The mechanism of injury was injury to the right shoulder from constant reaching that has then led to other musculoskeletal problems. A progress note included by [REDACTED], dated 09/18/13, identified subjective complaints of persistent right elbow pain. Objective findings included tenderness around the lateral epicondyle and radial tunnel. Diagnoses indicate that the patient has "C5 and C6 disc injury, right shoulder pain following arthroscopy, left shoulder bursitis, left tennis elbow and is status post right epicondylar reconstruction". The patient underwent a radial tunnel release and lateral epicondylar reconstruction on 11/11/13. Sprix nasal spray has been requested for postoperative pain after epicondylar reconstruction. A Utilization Review determination was rendered on 10/21/13 recommending non-certification of "Sprix 17.5 mg nasal spray".

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Sprix 15.75mg nasal spray: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 40, Chronic Pain Treatment Guidelines NSAIDS Section Page(s): 67-73.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Chronic, Sprix Section.

Decision rationale: Sprix nasal spray is a topical nasal formulation of ketorolac designed for systemic absorption and therapy. It is indicated for short-term (up to 5 days) management of moderate to moderately severe pain that requires analgesia at the opioid level. Ketorolac is an NSAID. The AOEM revised 2007 Elbow Guidelines note that oral and topical NSAIDs are recommended in the treatment of elbow complaints. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that NSAIDs are recommended "... 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." They note that the oral formulation of ketorolac has a box warning that the medication is not indicated for minor or chronic painful conditions. The Guidelines do not address ketorolac by topical absorption (Sprix) specifically. The Official Disability Guidelines address Sprix specifically. They note that the agent is for short-term treatment of pain and not indicated for chronic pain. The two studies used for approval were for short-term pain after abdominal surgery. In this case, the intended use is for short duration postoperative pain control. This is consistent with the recommendations for the use of NSAIDs and Sprix in particular. Therefore, this meets medical necessity for short-term (5 days) treatment.