

<b>Case Number:</b>	CM13-0049126		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/23/2012
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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. The expert 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 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/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:

According to the records made available for review, this is a 28-year-old female with a 8/23/12 date of injury. At the time (10/29/13) of the decision for Sprix 15.75mg nasal spray for postoperative pain, there is documentation of subjective (left knee pain) and objective (tenderness over the pes anserine bursa, tenderness over the patellar tendon, extension at 6 degrees and flexion to 100 degrees, positive McMurray's sign, and joint line tenderness with mild swelling) findings. The current diagnoses included left knee internal derangement and pes anserinus bursitis. The treatment to date included physical therapy and acupuncture treatment. The medical reports identify a pending request for left knee scope and arthroscopic pes anserine Bursectomy. There is no documentation of moderate to moderately severe pain requiring analgesia at the opioid level and the intention to treat over a short course (not to exceed 5 days).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SPRIX 15.75MG NASAL SPRAY FOR POST-OPERATIVE PAIN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN (UPDATED 10/14/13), SPRIX (KETOROLAC TROMETHAMINE NASAL SPRAY).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, KETORLAC (TORADOL).

**Decision rationale:** The Official Disability Guidelines identify the documentation of moderate to moderately severe pain requiring analgesia at the opioid level as criteria necessary to support the medical necessity of a short duration (not to exceed 5 days) of Sprix nasal spray. In addition, the guidelines do not recommended Sprix as a first-line medication for chronic pain. Within the medical information available for review, there is documentation of the diagnoses of left knee internal derangement and pes anserinus bursitis. In addition, there is documentation of a pending request for a left knee scope and arthroscopic pes anserine Bursectomy. However, there is no documentation of moderate to moderately severe pain requiring analgesia at the opioid level and the intention to treat over a short course (not to exceed 5 days). In addition, there is no documentation of failure of first-line medication for chronic pain. Furthermore, despite the documentation of a pending request for left knee scope and arthroscopic pes anserine Bursectomy, there is no (clear) documentation of a pending surgery that has been certified/authorized. Therefore, based on guidelines and a review of the evidence, the request for Sprix 15.75mg nasal spray for postoperative pain is not medically necessary.