

Case Number:	CM13-0054074		
Date Assigned:	12/30/2013	Date of Injury:	05/25/2012
Decision Date:	08/25/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/19/2013

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 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 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:

This is a 46-year-old male with a 5/25/2012 date of injury. A specific mechanism of injury was not described. s/p left shoulder arthroscopy on 7/7/13. 10/14/13 determination was non-certified given that the medical necessity was not established for an associated request for a shoulder arthroscopy, and the requested medication was intended for post-operative use. 9/23/13 medical report identified temporary relief with two subacromial injections. There was shoulder pain when reaching and performing other activities. Exam revealed positive sulcus sign indicative of instability. Acromioclavicular and biceps tendon were tender. There was decreased range of motion and positive supraspinatus maneuver. The provider stated that in order for the patient to improve the postoperative instability, he would require revision shoulder arthroscopy. Diagnoses included left shoulder instability following arthroscopy and cervical disc injury with stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPRIX 15.75 MG NASAL SPRAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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 and the FDA (http://www.accessdata.fda.gov/drugsatfda_docs/label/2014/022382s0091bl.pdf).

Decision rationale: The FDA states that SPRIX is a nonsteroidal anti-inflammatory drug indicated in adult patients for the short term (up to 5 days) management of moderate to moderately severe pain that requires analgesia at the opioid level. Ketorolac is recommended only as continuation following IV or IM dosing, if necessary. It was noted that the requested medication was intended for post-operative use. However, there was no indication that the proposed revision shoulder arthroscopy revision was certified/performed. In addition, it was not clear if this medication was to be used only for 4-5 days following an IM or IV dose of ketorolac. Furthermore, the FDA boxed warning would relegate this drug to second-line use unless there were no safer alternatives. There was no indication that there were no other safer alternatives to control the expected post-operative pain. In absence of this documentation, a favorable determination cannot be rendered.