

Case Number:	CM13-0064248		
Date Assigned:	01/03/2014	Date of Injury:	10/23/2001
Decision Date:	06/20/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/11/2013

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 Medicine, 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:

The patient is an employee of [REDACTED] and has submitted a claim for back pain related to an industrial injury date of October 23, 2001. Treatment to date has included physical therapy and medications, including opioids, non-opioids, and Sprix 15.75 mg/spray nasal spray since May 2013. Medical records from 2013 were reviewed, which showed that the patient complained of moderately severe persistent upper and middle back pain rated at 5/10, which radiated to the neck, arms, and head. Pain was described as aching, burning, deep, discomforting, numbing, piercing, sharp, shooting, stabbing, superficial, and throbbing, and was aggravated by changing positions, daily activities, extension, flexion, jumping, lifting, lying/rest, pushing, rolling over in bed, running, sitting, standing, twisting, and walking. Symptoms were relieved by exercise, heat, ice, lying down, injection, massage, movement, pain medications, physical therapy, stretching, resting, sitting, and having to change positions often. On physical examination, there were no gait disturbances. There was tenderness in the paracervical area, bilateral shoulders, bilateral arms, periscapular area, bilateral suboccipital triangles, and trapezius. Sensation was decreased in both upper extremities. There was also pain elicited over bilateral upper cervical facet joints worsened with facet loading maneuvers.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPRIX 15.75 MG/SPRAY SPRAY 1 EA NOSTRIL Q6-8 HRUS UP TO 5 DAYS TOTAL:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NAPROXEN, NSAIDS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Sprix).

Decision rationale: The California MTUS and Official Disability Guidelines do not address the use of Sprix; however, the FDA states that Sprix is indicated for short term (up to 5 days) management of moderate to moderately severe pain. In this case, the earliest progress reporting stating the patient's use of Sprix nasal spray is dated 5/24/13, which is beyond the duration of time recommended for use. Moreover, there is no documented functional gains derived from the use of this medication. There is no discussion concerning the need for variance from the guidelines. As such, the request is not medically necessary.