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| <b>Case Number:</b>   | CM13-0067796 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 03/23/2011 |
| <b>Decision Date:</b> | 05/28/2014   | <b>UR Denial Date:</b>       | 11/20/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/18/2013 |

### 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 Occupational 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 displacement of lumbar intervertebral disc without myelopathy associated with an industrial injury date of March 23, 2011. The treatment to date has included oral and topical analgesics, home exercise program, weight reduction, TENS, aquatic therapy, physical therapy and lumbar surgery. The utilization review dated November 18, 2013 denied the request for Sprix nasal spray due to unspecified indication and potential complications with its use. The medical records from 2013 were reviewed and showed constant, sharp pain of the lower back with numbness and tingling radiating into the hips, coccyx, pelvis and down to her bilateral legs to toes (right greater than the left) associated with weakness. The pain was partially relieved by hot/cold packs, relaxation and medications. Physical examination revealed tenderness over the lumbar paraspinal musculature with muscle spasm. There is limitation of motion with only 10 degrees of flexion and 5 degrees of extension. Sciatic stretch signs were markedly positive bilaterally in both seated and supine positions at 50 to 60 degrees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SPRIX NASAL SPRAY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 22, 68-69, 70-73.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation FDA

**Decision rationale:** California MTUS and ODG 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, there was no clear indication for the use of Sprix nasal spray. There is also no evidence that this will be used for a short time only. In addition, the request did not specify the dosage and amount of medication to dispense. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Sprix nasal spray is not medically necessary.