

<b>Case Number:</b>	CM14-0015058		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	11/05/2010
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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:

This is a 56-year-old female with a 11/5/10 date of injury. The mechanism of injury was not noted. In a progress note dated 12/12/13, the patient complained of numbness and tingling in her left hand, and she also complained about triggering of her left thumb. On physical examination, the left elbow showed a well-healed incision. The left wrist revealed a positive Tinel's sign at the volar wrist crease. Phalen's sign is positive, and Finkelstein's maneuver is negative. There is decreased sensation in the median nerve distribution. There is exquisite tenderness over the A1 pulley. The thumb and small digit both show triggering. The diagnostic impression was of left elbow pain status post surgery with complex regional pain syndrome status post dorsal column stimulator placement, left carpal tunnel syndrome with positive EMG, and left thumb and small finger triggering. Treatment to date has been medication management, activity modification, and surgery.

### 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 POSTOPERATIVE PAIN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Worker's Compensation, Online Edition, Chapter: Pain, See Ketorolac.

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

**Decision rationale:** The FDA states that Sprix is indicated for short-term (up to 5 days) management of moderate to moderately severe pain. The physician is specifically requesting this medication for post-operative pain. However, the request for left carpal tunnel release and left thumb and small trigger finger release was denied. There is no need for post-operative medication without the authorization for surgery. Furthermore, there is no documentation as to why the patient needs a nasal formulation of this medication when there is an oral and IV formulation available. Therefore, the request is not medically necessary.