

Case Number:	CM14-0018994		
Date Assigned:	04/23/2014	Date of Injury:	07/24/2011
Decision Date:	07/03/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/14/2014

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 Orthopedic Surgery, has a subspecialty in Sports Medicine, and is licensed to practice in Pennsylvania. 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 68-year-old injured in a work-related accident on July 24, 2011. A clinical record dated March 28, 2014 indicated a work-related injury to the right knee for which he is with continued and ongoing pain complaints with physical examination showing mild swelling but no effusion. There was tenderness to palpation in the popliteal region with a healed incision and flexion to 95. Radiographs at that date demonstrated a well-placed total joint arthroplasty with no loosening. The claimant's working diagnosis was that of status post right total knee arthroplasty on December 14, 2013. Prior clinical treatment in this case was recommended to include a prescription for Spirix Nasal Spray in the claimant's post-procedural course of care.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO SPRIX 15.75MG 2 SPRAY (1 PER NOSTRIL) EVERY 6-8 HOURS/PAIN #5:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.gov/pubmed/22428363>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the use of Spirix Nasal Spray, an inhaled version of Toradol, would not be indicated. Toradol (or in this case Spirix) comes with a boxed warning that the medication is not intended for minor chronic painful conditions. While this individual is noted to be status post a total joint arthroplasty, there is no indication of first line pain-related treatment or indication for this inhaled form of non-steroidal. The request for retrospective spirix 15.75mg, five count, is not medically necessary or appropriate.