

Case Number:	CM14-0131008		
Date Assigned:	08/20/2014	Date of Injury:	08/29/2011
Decision Date:	10/24/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/14/2014

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 Spine Fellowship 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:

According to the records made available for review, this is a 57-year-old male with a 8/29/11 date of injury, and status post lumbar fusion L4-5 and L5-S1 3/24/14. At the time (7/22/14) of request for authorization for retro 5/29/2014 Sprix 15.75 mg (ketorolac tromethamine), there is documentation of subjective (pain radiating down the posterior right leg to the foot, pain rated 5/10 with medications) and objective (bilateral tenderness and spasms of the L3-5 paraspinal muscles, pain with extension of the back localized to the lumbar facet joints, pain with SI joints palpation, positive Faber sign, lumbar spine decreased range of motion, decreased sensation to pinprick along the right lateral leg) findings, current diagnoses (lumbar disc disease, lumbar radiculopathy), and treatment to date (medications (including Lyrica and Soma)). 5/1/14 medical report identifies that the patient needs post op pain control and that Sprix is being prescribed PRN for acute pain to avoid ER visits due to severe pain. There is no documentation of an intention for short term treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Med: Sprix 15.75 mg (ketorolac tromethamine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Sprix (ketorolac tromethamine nasal Spray)

Decision rationale: MTUS does not address the issue. ODG identifies documentation of moderate to moderately severe pain requiring analgesia at the opioid level as criteria necessary to support the medical necessity of short duration (not to exceed 5 days) of Sprix nasal spray. In addition, ODG does not recommended Sprix as a first-line medication for chronic pain. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar disc disease and lumbar radiculopathy. In addition, there is documentation of acute post-op pain. However, there is no documentation of an intention for short term treatment. Therefore, based on guidelines and a review of the evidence, the request for retro med: Sprix 15.75 mg (ketorolac tromethamine) is not medically necessary.