

Case Number:	CM14-0171066		
Date Assigned:	10/23/2014	Date of Injury:	11/29/2007
Decision Date:	12/24/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/16/2014

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:

The applicant is a represented [REDACTED] employee, who has file a claim for chronic low back, leg, wrist, and knee pain reportedly associated with an industrial injury of November 29, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; opioid therapy; transfer of care to and from various providers in various specialties; and unspecified amounts of physical and chiropractic manipulative therapy over the course of the claim. In Utilization Review Report dated September 29, 2014, the claims administrator retrospectively denied a request for Sprix (ketorolac) nasal spray. The applicant's attorney subsequently appealed. The claims administrator did not state when the Sprix nasal spray at issue was dispensed, however. The applicant's attorney subsequently appealed. In a September 24, 2014, progress note the applicant was given refills of Naprosyn, Prilosec, Norflex, Ketoprofen cream, and Tramadol. A surgical evaluation of right carpal tunnel syndrome was endorsed. The applicant was deemed "permanently disabled," it was incidentally noted. The applicant was receiving Social Security Disability Insurance (SSDI) in addition to Worker's Compensation indemnity benefits, it was acknowledged. 7/10 low back pain complaints were appreciated on this occasion. On August 13, 2014, the applicant again presented with persistent complaints of low back pain. The applicant was not working on this occasion, it was noted. The attending provider stated that the applicant needed to use Sprix nasal spray for acute muscle spasms. The attending provider went to appeal the denial of Sprix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Sprix (Ketorolac Tromethamine nasal spray) 15.75mg spray, 1 spray each nostril every 68 hours #1, refills 5.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, updated 09/23/14

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oral Ketorolac/Toradol section Page(s): 72. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Sprix topic

Decision rationale: While the MTUS does not specifically address the topic of Sprix (intranasal ketorolac) usage, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does note that oral ketorolac or Toradol is not indicated for minor or chronic painful conditions. Similarly, ODG's Chronic Pain Chapter Sprix topic notes that usage of intranasal Sprix, as with other ketorolac formulations, should be for the shortest duration possible and should not exceed five days. Here, however, the attending provider did seemingly suggest that he intended the applicant to have access to Sprix on a on-demand basis, to be used on what amounted to a chronic, long-term, and scheduled-use basis as is implied via the five-refill supply of Sprix being sought. The request, thus, as written, is at odds with both MTUS and ODG principles and parameters. Accordingly, the request was not medically necessary.