

Case Number:	CM14-0179198		
Date Assigned:	11/03/2014	Date of Injury:	09/29/2010
Decision Date:	12/12/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/28/2014

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 Pain Management and Rehabilitation has a subspecialty in Interventional Spine 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 a 56 year old female with an injury date of 09/29/10. Based on the 09/17/14 progress report provided by [REDACTED], the patient complains of right shoulder and right hand pain and weakness. Patient is status post shoulder surgery 2013. Physical examination to the right wrist revealed tenderness to the volar and dorsal region. Positive Tinel's, Phalen's, Carpal Tunnel Compression test and Finkelstein's. Current medications include Omeprazole, Insulin, Gabapentin, Vicodin, Aspirin, Calcium, Losartan, Levothyroxine, Simvastatin and Metformin. Treater has requested open carpal tunnel release and first dorsal compartment release. Per Request for Authorization form dated 10/16/14 (post UR date of 09/26/14), treater is requesting "post op Sprix Spray" for the diagnosis of carpal tunnel syndrome. Treater states "previous request denied due to surgery being denied, surgery authorized on 10/15/14). The EMG Bilateral Upper Extremities 09/02/14:- abnormal nerve conduction study. Severe right carpal tunnel syndrome- abnormal nerve conduction study. Right canal guyons entrapment- normal electromyography. The patient's diagnosis on 09/17/14:- PN Carpal Tunnel Syndrome, right-DeQuervain's, right- impingement syndrome- adhesive capsulitis of shoulder, right-mononeuritis multiplex. [REDACTED] is requesting Sprix Spray 40 X 5 Days. The utilization review determination being challenged is dated 09/26/14. The rationale is "no documented abnormal clinical exam findings" [REDACTED] is the requesting provider and he provided treatment reports from 03/12/14 - 10/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sprix spray 40 x 5 days: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Sprix

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

Decision rationale: The patient presents with right shoulder and right hand pain and weakness. The request is for Sprix Spray 40 X 5 DAYS. Physical examination to the right wrist on 09/17/14 revealed tenderness to the volar and dorsal region. Positive Tinel's, Phalen's, Carpal Tunnel Compression test and Finkelstein's. Regarding Sprix (ketorolac tromethamine nasal Spray), ODG-TWC, Pain (Chronic) Chapter states: "Sprix (ketorolac tromethamine nasal Spray) - See Ketorolac. In May 2010, FDA approved an intranasal formulation of ketorolac tromethamine (Sprix Nasal Spray) for the short-term management of moderate to moderately severe pain requiring analgesia at the opioid level. The total duration of use of this intranasal formulation, as with other ketorolac formulations, should be for the shortest duration possible and not exceed 5 days. Both studies used for approval were for short-term pain after abdominal surgery, so it is not recommended as a first-line medication for chronic pain. (FDA, 2010)"The UR letter dated 09/26/14 stated "no documented abnormal clinical exam findings..." EMG of the Bilateral Upper Extremities on 09/02/14 revealed abnormal nerve conduction study and severe right carpal tunnel syndrome. Per progress report dated 09/17/14, treater has requested open carpal tunnel release and first dorsal compartment release. Per Request for Authorization form dated 10/16/14 (post UR date of 09/26/14), treater is requesting "post-operative Sprix Spray' for the diagnosis of carpal tunnel syndrome. Treater states "previous request denied due to surgery being denied, surgery authorized on 10/15/14). Treater has requested 5 day supply. Given the patient will be undergoing carpal tunnel release surgery, the request appears reasonable and inline with guideline indications. The requested Sprix spray is medically necessary.