

Case Number:	CM14-0020402		
Date Assigned:	04/30/2014	Date of Injury:	01/14/2011
Decision Date:	07/08/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/19/2014

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 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 claimant is a 42-year-old man who was injured in a work related accident on January 14, 2011. Records indicate an injury to the low back caused by putting up ceiling panels. Since the time of injury, the claimant has also undergone a previous cervical surgery in the form of a C6-7 fusion in January of 2013. In regards to his lumbar spine, the claimant is noted to have failed conservative care for which operative intervention in the form of L3-4, L4-5 and L5-S1 decompression and instrumented fusion was recommended. At present, there is a request for postoperative use of Sprix nasal spray for postoperative use for five days.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPRIX NASAL SPRAY, POST-SURGICAL USE FOR 5 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG- Treatment In Workers' Comp), 18th Edition, 2013, Pain Chapter, Sprix (Ketorolac Tromethamine Nasal Spray).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates, Pain Procedure Sprix (Ketorolac Tromethamine Nasal Spray).

Decision rationale: California ACOEM Guidelines do not specifically address the requested Sprix nasal spray, post-surgical use for 5 days. When looking at Official Disability Guideline criteria, the role of this specific agent, an intranasal form of ketorolac would not be indicated. While Guidelines indicate its use for short-term management of moderate to moderately severe pain, requiring analgesia at the opioid level, the role of operative intervention in this case has not been established with documentation of records showing no indication that operative intervention ultimately occurred. The role of this postoperative agent would thus not be indicated.