

Case Number:	CM14-0020732		
Date Assigned:	04/30/2014	Date of Injury:	12/13/2011
Decision Date:	07/08/2014	UR Denial Date:	02/10/2014
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 Anesthesiology, has a subspecialty in Pain Management 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 an employee of [REDACTED] who has submitted a claim right knee pain associated from an industrial injury date of December 13, 2011. Treatment to date has included right knee arthroscopy (4/23/12), Viscosupplementation injection, cortisone injection, physical therapy, and medications which include Anaprox, Ultracet, Vicodin, hydrocodone, and tramadol. Medical records from 2013-2014 were reviewed, the latest of which dated February 12, 2014, which revealed that the patient presents with right knee pain. She continues to use pain medications and orthotics is being worn on a regular basis. She describes the pain as stabbing, constant and moderate with significant limitations. Kneeling, walking, and squatting aggravate the pain. Medications are well tolerated with no allergies or side effects noted. Patient can ambulate with cane being used. Therapeutic goals are being met at this time. Impact of symptoms is affecting quality of life. On physical examination, the patient is well-developed and well-nourished with good grooming and personal hygiene. She has a normal mood and affect. Patient is alert and oriented to person, place and time. Utilization review from February 10, 2014 denied the request for COMPOUND SPRIX SPRAY 40 FOR 5 DAYS because the doctor did not give the reason for prescribing the medication, and topical medication is not supported in the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND SPRIX SPRAY 40 FOR 5 DAYS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESIC Page(s): 111-112.

Decision rationale: Sprix Spray (ketorolac) is a non steroidal anti inflammatory drug (NSAID). It is used short-term (5 days or less) to treat moderate to severe pain. As stated on pages 111-112 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical NSAIDs like ketorolac are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the reason for prescription of Sprix Spray and the date it was first prescribed was not included in the documents submitted. Also, physical examination of the affected area was not included in the most recent progress notes. The indication for the medication was not established, therefore, the request for COMPOUND SPRIX SPRAY 40 FOR 5 DAYS is not medically necessary.