

Case Number:	CM14-0032879		
Date Assigned:	06/20/2014	Date of Injury:	06/05/2007
Decision Date:	08/13/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/14/2014

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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 59-year-old male who reported an injury on 06/05/2007 due to hitting his knee on a toolbox. The injured worker complained of left knee pain status post left knee revision arthroscopy. He described the pain as aching and stabbing. His symptoms continued to be bothersome, especially with prolonged standing and walking. His knee continued to be swollen. He stated that he had no fever and was feeling better. However, he noted some snapping in his knee. He also complained of back and right knee pain. No measurable pain level was noted. Physical examination dated 02/28/2014 of the left knee revealed that the patellar tracking was normal. Patellar grind maneuver was negative. There were no popliteal cysts noted. Hamstring tenderness was present. Tenderness to palpation was present in the medial and lateral aspect. Range of motion to the left knee revealed a -10 degree extension and a flexion of 120 degrees. The injured worker has diagnoses of cervical strain, right greater than left first carpal metacarpal joint pain, bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, status post left thumb trigger release, lumbar strain, status post right knee arthroscopy, and status post left knee revision arthroscopy. Diagnostics include x-rays of the knee bilaterally and an MRI of his left knee. The MRI was taken in 06/2013. Past treatment includes a home exercise program and medication therapy. Medications include tramadol, Norco and ibuprofen. No frequency, duration, or dosage was noted in the report. The current treatment plan is for Sprix 15.75 mg nasal spray. The rationale was not submitted for review. The request for authorization form was submitted on 01/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sprix 15.75mg Nasal Spray.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, Ketorolac (Sprix) Page(s): 70, 72.

Decision rationale: The request for Sprix 15.75mg Nasal Spray is not medically necessary. The injured worker complained of left knee pain status post left knee revision arthroscopy. He described the pain as aching and stabbing. His symptoms continued to be bothersome, especially with prolonged standing and walking. His knee continued to be swollen. He stated that he had no fever and was feeling better. However, he noted some snapping in his knee. He also complained of back and right knee pain. No measurable pain level was noted. California MTUS guidelines indicate that per Package inserts for NSAIDs it is recommended to perform periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Sprix (Ketorolac) is not indicated for minor or chronic painful conditions. It is documented in the submitted report that the injured worker was taking NSAIDs orally. There was no indication for why a nasal spray was needed to be used instead of oral medication. There was no mention that oral medication was not tolerated by the injured worker. In addition, the injured worker was already using tramadol for pain, which can provide postoperative pain coverage. It is not recommended by the CA MTUS Guidelines for minor or chronic painful conditions. Furthermore, it was not indicated in the request a frequency of the medication or quantity. As such, the request for Sprix 15.75 mg is not medically necessary.