

Case Number:	CM14-0035244		
Date Assigned:	06/23/2014	Date of Injury:	07/17/2013
Decision Date:	10/07/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/21/2014

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 Mississippi. 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 records presented for review, indicate that this 62-year-old gentleman was reportedly injured on July 17, 2013. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated September 13, 2013, indicated that there were ongoing complaints of shoulder pain, low back pain, and right knee pain. The physical examination demonstrated spasms of the right trapezius muscle and right biceps tendon. There were also tenderness and spasms of the lumbar paravertebral muscles. Diagnostic imaging studies of the lumbar spine indicated a disc bulge at L3-L4 and L4-L5. There was a disc protrusion at L5-S1 which is budding the bilateral S1 nerve roots. Previous treatment included physical therapy. A request had been made for Sprix nasal spray and was denied in the pre-authorization process on March 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sprix nasal spray 15.75MG 40 units (5 bottles): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a611042.html>

Decision rationale: The California MTUS Guidelines support topical NSAIDs for the short-term treatment of acute pain for short-term use for individuals unable to tolerate oral administration, or for whom oral administration is contraindicated. The medical record does not indicate that the injured employee is unable to tolerate oral anti-inflammatories. Therefore, this request for Sprix nasal spray is not medically necessary.