MAXIMUS Federal Services

Case Number:	CM14-0037438		
Date Assigned:	06/25/2014	Date of Injury:	10/08/2013
Decision Date:	07/28/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/28/2014

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 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:

According to the records made available for review, this is a 48-year-old female with a 10/18/13 date of injury. At the time (2/12/14) of request for authorization for Sprix (quantity & dosage unknown), there is documentation of subjective (burning left knee pain rated as a 6 out of 10 with swelling, popping, cracking, and feeling of giving out) and objective (left knee crepitus with patellar grind and decreased left knee range of motion) findings, imaging findings (x-ray of the left knee (10/8/13) report revealed degenerative arthritis along with bone spurs throughout the knee), current diagnoses (left knee degenerative joint disease and left knee pain), and treatment to date (activity modification and physical therapy). There is no documentation of pain requiring analgesia at the opioid level, the intention to treat over a short course (not to exceed 5 days), and failure of first-line medication for chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPRIX (QUANTITY & DOSAGE UNKNOWN): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Worker's Compensation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Ketorlac (Toradol).

Decision rationale: MTUS does not address the issue. ODG identifies documentation of moderate to moderately severe pain requiring analgesia at the opioid level as criteria necessary to support the medical necessity of short duration (not to exceed 5 days) of Sprix nasal spray. In addition, ODG does not recommended Sprix as a first-line medication for chronic pain. Within the medical information available for review, there is documentation of diagnoses of left knee degenerative joint disease and left knee pain. In addition, there is documentation of moderate to moderately severe pain. However, there is no documentation of pain requiring analgesia at the opioid level. In addition, given documentation of the request for Sprix (quantity & dosage unknown), there is no documentation of the intention to treat over a short course (not to exceed 5 days). Furthermore, there is no documentation of failure of first-line medication for chronic pain. Lastly, there is no documentation of a rationale identifying the medical necessity of Sprix nasal spray. Therefore, based on guidelines and a review of the evidence, the request for Sprix (quantity & dosage unknown) is not medically necessary.