

Case Number:	CM14-0044828		
Date Assigned:	07/02/2014	Date of Injury:	04/04/2008
Decision Date:	10/10/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 41-year-old male was reportedly injured on April 4, 2008. The mechanism of injury was not disclosed. The medical record indicated that the claimant was status post 3 surgeries since February 20, 2014 from hardware adjustment and an incision and drainage due to infection. A recent progress note, dated March 14, 2014, indicated that there were ongoing complaints of low back pain and weakness in the left lower extremity with paresthasias. The physical examination demonstrated that the wound looked good with no sign of infection and the sutures were still in place with no severe drainage. Previous treatment included an L4-L5, and L5-S1 interbody fusion by [REDACTED]. One of the screws was displaced, and the patient had to return to the OR. Subsequently, he developed an infection, which was reported in the hospital discharge summary to have been staphylococcus. An incision and drainage was performed with delayed primary closure and a PICC line was inserted. Diagnostic studies provided, which were included in the medical record, included an x-ray confirming appropriate PICC line placement, a pathology report showing tissue with acute ulceration and inflamed granulation tissue and fat necrosis, and laboratory studies which included a CRP, Sed rate, and CBC, all of which are reported to have been normal on March 9, 2014. A request had been made for Sprix 15.75 (2 sprays every 6-8 hrs) and was denied in the pre-authorization process on April 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sprix 15.75 mg (2 sprays every 6-8 hours): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Ketorolac (Toradol)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): ODG - TWC/ODG Integrated Treatment/Disability Duration Guidelines: Pain (Chronic) - Toradol (updated 10/02/14).

Decision rationale: Sprix is a nasal spray formulation of the medication ketorolac (Toradol). MTUS guidelines do not support the use of oral Toradol. ACOEM does not address intramuscular Toradol injections. ODG guidelines support intramuscular Toradol injections as an alternative to opiate therapy; however, there is no guideline support for the use of ketorolac in a nasal spray formulation. In the absence of documentation of the rationale behind the use of this medication outside of guideline recommendations, and why an alternative cannot be supported, the medication cannot be utilized. Thus, the request is not considered medically necessary.