MAXIMUS Federal Services

Case Number:	CM14-0049514		
Date Assigned:	06/25/2014	Date of Injury:	09/05/2012
Decision Date:	07/25/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/24/2014

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 injured worker is a 53 year-old male who was reportedly injured on 9/5/2012. The mechanism of injury was noted as blunt trauma to the head with associated scalp lacerations. The most recent progress note, dated 5/23/2014, indicated that there were ongoing complaints of low back pain and stiffness. The physical examination demonstrated tenderness to palpation of the lumbar spine with noted muscle spasm greater on the right side. Range of motion: flexion 30, extension 10, left and right lateral flexion is 10. Positive Kemps test. Diagnostic imaging studies included an MRI of the cervical spine performed on 4/12/2014, which revealed disc dissection, reduced disc height, and diffuse disc protrusion. Previous treatment included right wrist surgery August 2013 and left wrist December 2013. A request had been made for Sprix (ketorolac tromethamine) x 5 date of service, 12/14/2013 and was not certified in the pre-authorization process on 2/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Sprix (Ketorolac Tromethamine) x 5 DOS 12/14/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Sprix (Ketorolac Tromethamine nasal spray).

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

Decision rationale: The Official Disability Guidelines (ODG) approved an intranasal formulation of (Sprix nasal spray) for the short-term management of moderate to severe pain requiring analgesic analgesia at the opioid level. The total duration of use for this medication should be the shortest duration possible and not to exceed five days. Studies used for approval were for short-term pain after abdominal surgery, so it is not recommended as a first-line medication for chronic pain. After reviewing the medical documentation provided for this injured worker, there were no objective clinical findings or medical documentation showing failure of a first-line NSAID for treatment. Therefore, the retrospective request for this medication is deemed not medically necessary.