

Case Number:	CM14-0063129		
Date Assigned:	07/11/2014	Date of Injury:	10/26/1999
Decision Date:	09/15/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/05/2014

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 Medicine and is licensed to practice in Texas. 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 65 year old male who is reported to have sustained work related injuries on 10/26/1999. The mechanism of injury is not described. Clinical notes indicate that the injured worker is diagnosed with rotator cuff syndrome, cervical disc degeneration, cervical sprain, and headache. Per the most recent clinical notes, the injured worker's neck and back pain remain unchanged with good control with medications. He is noted to be getting quite a bit of bilateral leg pain upon standing for hours at work. He is noted to have taken no pain meds while he was on vacation. On physical examination he is noted to have moderate paracervical and thoracic myospasm which he appears to be tolerating well with medications having a positive effect on function and ADLs. The record contains a letter of appeal from the injured worker dated 04/27/14. The injured worker is noted to be employed as a pharmacist. The letter of appeal discusses the injured worker's medication usage. The injured worker notes on multiple occasions that his complete medication profile allows him to continue working and not violate state pharmacy board regulations. He further details his use very explicitly. He further notes multiple medications which he was trialed upon and had either side effects or which were ineffectual. The letter presents as a very detailed description which establishes the efficacy of his medication management. The letter of appeal notes that while not being intolerant to oral medications, Sprix provides the injured worker with breakthrough pain relief. He notes that Celebrex, Ultracet and Tylenol with codeine can at times be ineffective, and not wanting to take anything else that can be habit forming, he feels that Sprix provides exceptional benefit with minimal risk to his overall well-being. He notes that he is able to use Sprix while working and not have it impair his judgment or his ability to work as a pharmacist. He notes that he is aware that Sprix is a non-selective cox inhibitor; however, the route of administration has not caused the injured worker any GI irritation or upset to date. The record contains a utilization review

determination dated 04/15/14 in which a request for Sprix spray 15.75 mg quantity 5/5 day supply was determined not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sprix spray 15.75mg quantity 5/5 day supply: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The request for Sprix spray 15.75 mg quantity 5/5 day supply is recommended as medically necessary. The submitted clinical records indicate that the injured worker is a 65 year old pharmacist who has chronic neck and shoulder pain as a result of a workplace injury occurring on 10/26/1999. The injured worker is on multiple medications and very carefully monitors his own medication use in order to be in compliance with state pharmacy board regulations. It would be noted that the injured worker continues to be employed full time. Per the injured worker's letter of appeal, Sprix is effective for breakthrough pain and is not sedating and allows the injured worker to continue work establishing the efficacy of this medication. Based on the information provided, the medical necessity for continued use of Sprix spray 15.75 mg has been established. This request is medically necessary.