

Case Number:	CM14-0066009		
Date Assigned:	07/11/2014	Date of Injury:	04/18/2013
Decision Date:	08/26/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/08/2014

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 Occupational Medicine 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:

Patient is a 47 year-old female with date of injury 04/18/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/21/2014, lists subjective complaints as pain in the upper right extremity and neck. Objective findings: Examination of the right shoulder revealed tenderness and instability in the anterior capsule and acromioclavicular joint. Range of motion was decreased in all planes and crepitus on motion was present. Diagnosis: right shoulder adhesive capsulitis, status post arthroscopy. The medical records provided for review document that the patient was first prescribed the following medication on 01/06/2014. Medication: [REDACTED] Nasal Spray 15.75mg 40 units, 5 bottles. No SIG given.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **Nasal Spray 15.75mg 40 units, 5 bottles:** Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines NSAID'S. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page 72 Page(s): 72.

Decision rationale: [REDACTED] (ketorolac tromethamine) Nasal Spray is a nonsteroidal anti-inflammatory drug with a black box warning against gastrointestinal bleeding, cardiovascular, and renal risks. It is indicated for short-term (up to 5 days in adults) management of moderate to moderately severe pain that requires analgesia at the opioid level. It is not indicated for minor or chronic painful conditions. The patient is currently suffering from a chronic condition, adhesive capsulitis of the shoulder. A 5 day course of treatment with [REDACTED] Nasal Spray is not medically indicated. Therefore, the request is not medically necessary.