

Case Number:	CM14-0076974		
Date Assigned:	07/18/2014	Date of Injury:	12/28/2004
Decision Date:	08/29/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/27/2014

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 & Rehab, has a subspecialty in Interventional Spine 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:

The patient is a 51-year-old male with a date of injury of 12/28/2004. The listed diagnoses per [REDACTED] are: 1. Lumbar radiculopathy. 2. Lumbar degenerative disk disease. According to progress report 05/03/2014 by [REDACTED] the patient presents with chronic low back pain. Treatment history includes medication and epidurals. The patient's pain and severity are reported as 8/10 on a pain scale. Examination revealed low back pain that radiates down the right more than left leg. There is bilateral tenderness and spasm of the L3 to L5 paraspinal muscles. He has decreased range of motion on all planes and positive right facet tenderness and compression. Decreased sensory to pinprick along the right lateral leg was noted. Medication regimen includes Anaprox DS for pain and inflammation, Prilosec "to treat gastritis from NSAIDs," Flexeril for spasms, gabapentin for radicular pain and Tramadol for pain. Treater states the patient was administered a urine toxicology screen to monitor narcotics use. Request for authorization from 05/03/2014 requests "Sprix 15.75 mg/spray to spray every 6 to 8 hours." Utilization Review denied the request on 05/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sprix 15.75 mg nasal spray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic Page(s): 60, 61.

Decision rationale: This patient presents with persistent chronic low back pain. The treater is requesting Sprix 15.75 mg/spray. Utilization Review denied the request stating "guidelines clearly do not support the use of Sprix as a first line of medication." Sprix nasal spray (ketorolac) is a non steroidal anti inflammatory drug (NSAID). For anti-inflammatory medications, the MTUS Guidelines page 22 has the following: "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted." It is unclear if this is an initial request for the medication or if the patient has used it in the past. There are no discussion of this medication in the medical file provided for review. In this case, the treater does not discuss why the patient is being prescribed an NSAID in a nasal spray form in addition to oral NSAID. The patient is already taking Anaprox DS 550mg for pain and inflammation. The requested Sprix is not medically necessary and recommendation is for denial.

Retrospective request for urine toxicology with THC screen testing completed on 05/03/2014: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pages 10, 32 and 33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient presents with chronic low back pain. This is a retrospective request for urine toxicology with THC screening completed on 05/03/2014. Utilization Review denied the request stating "although drug screening is supported at the onset of opioid prescribing, the request for tramadol has been noncertified." UR further states screening for THC is unnecessary as the patient has a medical marijuana card suggesting the screening for illicit marijuana use is unnecessary. While MTUS Guidelines do not specifically address how frequent UDS should be obtained or various risks of opiate users, ODG Guidelines provide clear recommendation. ODG recommends once-yearly urine drug testing following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. The medical file provided for review indicates the patient has a medical marijuana card. The treater has discussed the use of marijuana and risk with current medications. The treater would like an UDS with THC screening for further monitoring of the patient's medication intake. Given the patient has not had a recent UDS and is taking Tramadol, recommendation is for approval.