

Case Number:	CM14-0111160		
Date Assigned:	10/14/2014	Date of Injury:	05/20/2013
Decision Date:	04/20/2015	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 47 year old male, who sustained an industrial injury on 5/20/2013. The diagnoses have included recurrent meniscal tear status post left knee arthroscopy. Treatment to date has included physical therapy and medication. According to the progress report dated 6/7/2014, the injured worker complained of persistent aching, burning, stabbing left knee pain rated 7/10. His left knee continued to lock, pop and give way. He also complained of aching pain in the low back with pins and needles sensation. He complained of an aching, stabbing left hamstring pain and an aching bilateral ankle pain. He was taking Diclofenac sodium as needed. The injured worker walked with a limp and used an assistive device. Exam of the left knee revealed swelling and tenderness. The treatment plan was for left knee revision arthroscopy. Authorization was requested for surgery and related services including Sprix Nasal Spray for postoperative pain and Voltaren.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sprix 15.75mg 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, Pain Chapter, Sprix.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) www.drugs.com/sprix.

Decision rationale: This 47 year old male has complained of left knee pain since date of injury 5/20/13. He has been treated with left knee surgery, physical therapy and medications to include NSAIDS since at least 02/2014. The current request is for Sprix Nasal spray, an NSAID nasal spray. Per the guidelines cited above, Sprix nasal spray is not recommended as a first line medication for the treatment of chronic pain as is being requested in this case. On the basis of the available medical documentation and per the reference cited above, Sprix nasal spray is not indicated as medically necessary.

Voltaren 75mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: This 47 year old male has complained of left knee pain since date of injury 5/20/13. He has been treated with left knee surgery, physical therapy and medications to include NSAIDS since at least 02/2014. The current request is for Voltaren. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS far exceeding the recommended time period. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, and per the MTUS guidelines cited above, Voltaren is not indicated as medically necessary in this patient.