

Case Number:	CM14-0181384		
Date Assigned:	11/06/2014	Date of Injury:	03/13/2002
Decision Date:	01/02/2015	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/31/2014

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 and is licensed to practice in Tennessee, North Carolina & Georgia. 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 47-year-old male who reported an injury on 03/13/2002. The mechanism of injury was not provided. His diagnosis was listed as lumbar radiculopathy. Past treatments included use of a cane and medications. His surgical history was noted to include a ventral hernia repair on 02/09/2011 and a lipomectomy on thyroid in 1999. On 09/08/2014, the injured worker complained of intractable back pain radiating down his bilateral lower extremities, rated at a 7/10. Physical examination of the lumbar spine revealed decreased range of motion with extension at 0 and flexion at 40 degrees, positive straight leg raise on the left, decreased deep tendon reflexes, and decreased sensation along the right and left lateral legs. His current medications included Kadian, Orphenadrine, Subsys, Prilosec, and Neurontin. The treatment plan included refilled medications, instructions on home exercise, and a follow-up visit. The request was received for Sprix (nasal spray). The rationale for the request was not provided. The Request for Authorization Form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spirix (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)

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

Decision rationale: The Official Disability Guidelines state that Sprix nasal spray is recommended for the short term management of moderate to moderately severe pain requiring analgesia at the opioid level, with duration not to exceed 5 days. The clinical notes indicate the injured worker complained of intractable back pain radiating down his bilateral lower extremities. However, as the request does not specify frequency of use or duration, the request is not supported. Therefore, the request is not medically necessary.