

Case Number:	CM14-0198515		
Date Assigned:	12/08/2014	Date of Injury:	09/29/2010
Decision Date:	01/23/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/25/2014

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 Orthopedic Surgery, and is licensed to practice in Florida. 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 57-year-old female who reported injury on 09/29/2010. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of carpal tunnel syndrome, de Quervain's of the right, impingement syndrome, adhesive capsulitis of the shoulder, mononeuritis multiplex of the right, and status post right hand surgery. Past medical treatment consists of surgery, physical therapy, and medication therapy. Medications include Terocin patches, Vicodin, omeprazole, insulin, gabapentin, Aspirin low, calcium, losartan, levothyroxine, simvastatin, Metformin, and Sprix spray. On 09/17/2014, the injured worker underwent a urinalysis which showed they were compliant with the prescription medications. On 11/07/2014, the injured worker was seen for a follow-up postop appointment. The injured worker complained of pain in the right hand. The injured worker stated to have slight cramping, numbness in the fingers. Physical examination revealed no overt motor deficit or paralysis. No overt sensory deficit, normal pulses, and good capillary refill. The medical treatment plan was for the injured worker to continue with medication therapy and continue with postop physical therapy. A rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op Sprix spray 5 bottles of 8 sprays: 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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Ketorolac (Toradol®).

Decision rationale: The request for post op Sprix spray 5 bottles of 8 sprays is not medically necessary. According to the California MTUS, ketorolac (Sprix) is a medication that is not indicated for minor or chronic painful conditions. The ODG go on to further state that the medication is recommended for short term (up to 5 days) for management of moderately severe acute pain that requires analgesia at the opioid level and only as a continuation following IV or IM dosing, if necessary. This medication is not indicated for minor or chronic painful conditions. Increasing doses beyond a daily maximum dose of 40 mg will not provide better efficacy, and will increase the risk of serious side effects. The FDA has approved a nasal formulation of ketorolac (Sprix) for short term pain management. The submitted documentation did not indicate the efficacy of the medication. Nor did it indicate that it was helping with any pain that the injured worker was having. There were no measurable pain levels documented in the report using VAS. Additionally, the request as submitted did not indicate a frequency or duration of the medication. Given the above, medical necessity cannot be warranted. As such, the request is not medically necessary.