

<b>Case Number:</b>	CM14-0063466		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/18/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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: California, District of Columbia, Maryland  
Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 48 year old male injured worker suffered an industrial injury on 10/18/2013. The diagnoses were lumbar radiculopathy and cervical radiculopathy. The diagnostic studies were neck and back magnetic resonance imaging and electromyography. The treatments were medications and physical therapy. The treating provider reported lower back pain that radiated to the left leg with numbness to the feet. On exam there was tenderness and spasms of the lumbar muscles with decreased range of motion. The injured worker reported there have been times he wanted to go to the emergency department due to pain. The requested treatment was Sprinx 15.75 mg/spray 1 spray every 6-8 hours.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sprinx 15.75 mg/spray 1 spray every 6-8 hours:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Sprix is a nasal spray anti-inflammatory medication. The most recent progress note dated November 15, 2014 includes a prescription for Anaprox. There is no mention of the usage or request for Sprix in this note or any reason why it should be used in addition to Anaprox. This request for Sprix is not medically necessary.