MAXIMUS Federal Services

Case Number:	CM15-0002333		
Date Assigned:	01/13/2015	Date of Injury:	03/18/2011
Decision Date:	03/10/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/06/2015

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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52 year old male suffered an industrial injury on 3/18/11 with subsequent ongoing neck, left shoulder and back pain. MRI of the left shoulder (5/17/13) showed a labral tear that traverse the biceps labral anchor, tendinopathy and partial thickness tearing of the supraspinatus. MRI of the cervical spine (5/17/13) showed cervical spine straightening with mild multilevel disc desication. In a progress note dated 11/3/14, the injured worker reported ongoing pain and muscle spasms in the shoulders and neck pain that radiated to the shoulder and left upper extremity. Physical exam was remarkable for spasms of the right and left neck and left shoulder, left shoulder with decreased range of motion and strength, neck and shoulder with tenderness to palpation and decreased left upper extremity strength. Current diagnoses included left shoulder labral tear, cervical sprain/strain, cervical radiculopathy, diabetes mellitus and hypertension. Work status was permanent and stationary. The treatment plan included starting Sprix to avoid narcotics, Fenniprofen 400 mg twice a day, Prilosec 20 mg twice a day, stopping Ketoprofen and continuing home exercises. On 12/4/14, Utilization Review noncertified a request for Sprix 15.75 mg x 5 visits citing CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sprix 15.75 mg x five vials: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac Page(s): 127.

Decision rationale: According to MTUS guidelines, Toradol (Sprix) is a potent NSAID used for a flare of severe pain. It is not is not indicated in case of minor or chronic painful condition. The drug was used in this case for at least 2 months without documentation of functional improvement. There is no documentation of failure of less potent NSAI drugs or that the lowest dose of the drug for the shortest period of time was used. There is no documentation of flare of pain. There is no justification for the use of Sprix. Therefore the prescription of Sprix 15.75 mg x five vials is not medically necessary.