

<b>Case Number:</b>	CM15-0200576		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	08/18/1999
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: 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:

This is a 49 year old male with a date of injury on 8-18-99. A review of the medical records indicates that the injured worker is undergoing treatment for chronic lumbar pain. Progress report dated 8-27-15 reports IT pump filled on 7-23-15 and he notes worsening of the burning pain that he is experiencing from his belly button to the bottom of his feet. He only sleeps 45 minutes at a time. Medications include: methadone, fentora, lyrica and zofran. He has complaints of weakness in his legs causing difficulty with walking. He is in severe pain and states that he gets some relief with CBD spray. Physical exam: he present laying down in severe pain with severe bilateral leg pain with shaking and spasm. He has burning leg pain bilaterally. He had a lumbar fusion. Request for authorization was made for Sprix 15.75 mg spray. Utilization review dated 10-1-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sprix 15.75 mg/ spray:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs). Decision based on Non- MTUS Citation Official Disability Guidelines: Pain - Ketorolac tromethamine (Sprix nasal spray).

**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 MTUS guidelines are silent on the use of Sprix nasal spray. Per the ODG guidelines: In May 2010, FDA approved an intranasal formulation of ketorolac tromethamine (Sprix Nasal Spray) for the short-term management of moderate to moderately severe pain requiring analgesia at the opioid level. The total duration of use of this intranasal formulation, as with other ketorolac formulations, should be for the shortest duration possible and not exceed 5 days. Both studies used for approval were for short-term pain after abdominal surgery, so it is not recommended as a first-line medication for chronic pain. Per progress report dated 8/27/15, it is noted that the injured worker is being treated with methadone, fentora, lyrica, as well as IT pump which was filled on 7/23/15. The injured worker reported average pain since last visit 7-9/10 in intensity. There is no documentation that the injured worker is intolerant to systemic NSAIDs. The request is not medically necessary.