

Case Number:	CM15-0057329		
Date Assigned:	04/02/2015	Date of Injury:	03/26/1999
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/25/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker is a 65 year old male who sustained a work related injury March 26, 1999. Past history included hypertension and diabetes, s/p complete anterior cervical discectomy with posterior longitudinal ligament takedown and bilateral neural foraminotomies at C4-5 and C5-6, January 24, 2015. An internal medicine consultation performed January 24, 2015, finds the injured worker post-operative with complaints of pain and discomfort, and some difficulty swallowing. He was found to be stable and ambulated with physical therapy. Pre-operative diagnoses C4-5, C5-6 disc herniation with degenerative discopathy. The request for retrospective Sprix nasal spray (DOS 1/24/2015) and report of administration is not available in the medical record to this reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Sprix nasal spray DOS: 1/24/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72. Decision based on Non-MTUS Citation <http://www.sprix.com/Home.aspx>.

Decision rationale: Regarding the request for Sprix, Chronic Pain Medical Treatment Guidelines state this medication is not indicated for minor or chronic painful conditions. The FDA notes it is used short-term (5 days or less) to treat moderate to severe pain. The manufactures website states that this medication is indicated for pain that is moderate to moderately severe. Within the documentation available for review, there is no identification of moderate to moderately severe pain at the time this medicine was given. Additionally, there is no identification that the patient has been adequately screened for contraindications and risks from the use of this medication. Additionally, this is generally recommended as a 2nd line agent, and there is no documentation that the patient's pain was unable to be addressed with a first-line agent or other routes of administration of Toradol. As such, the currently requested Sprix is not medically necessary.