MAXIMUS Federal Services

Case Number:	CM15-0062544		
Date Assigned:	04/08/2015	Date of Injury:	07/10/2007
Decision Date:	05/12/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/02/2015

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:

The injured worker is a 53-year-old female, who sustained an industrial injury on 7/10/2007. The current diagnoses are left knee pain, degeneration of lumbar or lumbosacral intervertebral disc, left greater trochanteric bursitis, and lumbar post laminectomy syndrome. According to the progress report dated 2/19/2015, the injured worker complains of pain in the low back, left knee, and left hip. The current medications are Flexeril, Hydrocodone, Senna, Meloxicam, and Sprix nasal spray. Per notes, the Sprix nasal spray has currently been the most beneficial in relieving her pain and allowing her to continue to function and be active. Treatment to date has included medication management, X-rays, MRI studies, physical therapy, epidural steroid injection, cognitive behavioral therapy, and surgical intervention. The plan of care includes Sprix nasal spray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sprix nasal spray 15.75mg QTY: 2.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines Pain; Ketorolac (Sprix Nasal Spray).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sprix (ketorolac tromethamine nasal Spray), http://www.worklossdatainstitute.verioiponly.com/odgtwc/pain.htm.

Decision rationale: According to ODG guidelines, Sprix "See Ketorolac. 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. (FDA, 2010)." In this case, this medication has been used since at least 2014 to treat a chronic pain. There is no documentation that the patient suffered a recent acute pain that require the use of Sprix. Therefore, the request for Sprix nasal spray is not medically necessary.