

<b>Case Number:</b>	CM13-0035368		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	11/27/2002
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 56-year-old female who reported an injury on 11/27/2002, due to an unknown mechanism of injury. The injured worker complained of pain to the low back and left lower extremity. She continued to have numbness and weakness of the left lower extremity. On 09/12/2013, the physical examination revealed tenderness of the bilateral lumbosacral paraspinal muscles. The provider indicated the injured worker was prescribed Methadone, Norco, and Lidoderm to help with pain at that time. The injured worker underwent a discogram in 2010. The injured worker had diagnoses of chronic low back pain, chronic pain syndrome, and lumbosacral radiculopathy. The physician's request of the proposed medication was to assist the injured worker in adequate pain control. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SPRIZ NASAL SPRAY QTY.5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines NSAIDs, page(s) 67-74. Page(s): 67-74.

**Decision rationale:** The request for Spriz nasal spray, quantity .5, is not medically necessary. The injured worker has a history of low back pain and left lower extremity pain. The California MTUS guidelines state that for chronic low back pain NSAIDs are recommended as an option for short-term symptomatic relief. There is a discrepancy with the spelling of the name of the medication as the request is for Spriz and the documentation provided indicates Sprix. The requesting physician did not provide current documentation including an adequate and complete assessment of the injured worker's current functional condition. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Per the provided documentation the injured worker has been prescribed this medication since at least 09/2013 which would exceed the guideline recommendation for a short course of therapy. In addition, the frequency for the proposed medication was not provided. Given the above, the request for Spriz nasal spray, quantity .5, is not medically necessary.