

Case Number:	CM14-0012931		
Date Assigned:	02/24/2014	Date of Injury:	02/26/2013
Decision Date:	07/23/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/31/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Tennessee. 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:

This is a 41-year-old female with a 2/26/13 date of injury. The patient was injured due to cumulative trauma. In a progress note dated 12/17/13, the patient complained of persistent numbness and tingling in the hands. The patient continued to drop things and the symptoms caused waking up at night. Physical examination of the wrist revealed tenderness to palpation over the first carpometacarpal joint. Tine sign was positive bilaterally at the volar wrist crease. Phalen sign was positive. The push and pull and grind maneuvers were positive bilaterally. Sensation was decreased in the median nerve distribution. There was mild swelling. Diagnostic impression: bilateral carpal tunnel syndrome. Treatment to date: medication management, activity modification. A prior UR decision dated 1/17/14 denied the request for Sprix nasal spray. Sprix nasal spray is indicated 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. The medical file documents NCV studies indicated probable polyneuropathy with conduction abnormalities recorded in the median and ulnar motor and sensor nerves. The medical file further documents this is most probably due to her history of diabetes mellitus with poor control. The medical file does not document contraindications for oral analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPRIX NASAL SPRAY FOR POST-OPERATIVE PAIN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Sprix (Ketoralac tromethamine nasal Spray).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: FDA (SPRIX).

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that sprix is indicated for short term (up to 5 days) management of moderate to moderately severe pain. In the most recent progress report dated 1/14/14, the patient complains of persistent pain, numbness, and tingling in her wrists. There is no documentation of any acute exacerbation of pain. Ketorolac is only indicated for short-term treatment of acute pain., However, there is no indication as to why a nasal formulation would be more beneficial than an oral preparation. Furthermore, she is awaiting authorization for surgery. There is no rationale for the prospective use of ketorolac. Therefore, the request for Sprix nasal spray for post-operative pain was not medically necessary.