

Case Number:	CM14-0124386		
Date Assigned:	08/08/2014	Date of Injury:	01/16/2012
Decision Date:	10/09/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/05/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 patient with a date of injury of 1/16/12. A utilization review determination dated 7/9/14 recommends non-certification of Sprix spray, purchase of cold therapy unit, and CPM rental x 21 days. The records indicate that a revision right knee arthroscopy with meniscectomy and debridement was certified. It is also noted that the patient was utilizing opioids for pain control prior to surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sprix Spray: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Sprix (ketorolac tromethamine nasal spray)

Decision rationale: Regarding the request for Sprix, CA MTUS does not specifically address the issue. ODG notes that Sprix 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. Within the documentation available for review, the patient is noted to also be utilizing opioids and there is no rationale presented for the concurrent use of both medications. Additionally, there is no indication that the proposed medication is for less than 5 days of use and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Sprix is not medically necessary.

Purchase of cold therapy unit and CPM for 21 days rental: 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), Knee Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Continuous-flow cryotherapy and continuous passive motion (CPM)

Decision rationale: Regarding the request for purchase of cold therapy unit and CPM for 21 days rental, CA MTUS does not address the issues. ODG notes that continuous-flow cryotherapy is recommended for up to 7 days after knee surgery. With regard to CPM, it is supported in the acute hospital setting for up to 21 days after total knee arthroplasty, ACL reconstruction, or ORIF of tibial plateau or distal femur fractures involving the knee joint. For home use, it is supported for up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight: Under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision. Within the documentation available for review, there is no indication for a purchase of a cold therapy unit and, unfortunately, there is no provision for modification of the request to allow for a 7-day rental. Regarding CPM, there is no clear indication or rationale for its use after an arthroscopic meniscectomy and debridement. In light of the above issues, the currently requested purchase of cold therapy unit and CPM for 21 days rental is not medically necessary.