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| Case Number: | CM14-0138003 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 06/30/2012 |
| Decision Date: | 10/30/2014 | UR Denial Date: | 07/23/2014 |
| Priority: | Standard | Application Received: | 08/26/2014 |

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 Orthopedic Surgery, and is licensed to practice in Minnesota. 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 has progressive left shoulder pain for a few years . MRI of the shoulder dated 04/12/2014 revealed a full thickness rotator cuff tear with 18 mm retraction, atrophy of the muscles, glenohumeral arthritis and acromioclavicular arthritis. Subsequent X-rays have revealed superior subluxation of the head of the humerus. Surgery has been approved for left shoulder arthroscopic decompression, Mumford procedure, possible rotator cuff repair and possible arthroscopy. The disputed issue pertains to post-operative pain control with short term ketorolac nasal spray which is approved by FDA for 5 days only mostly for abdominal surgery. The trade name is Sprix nasal spray. This is an NSAID and the use is approved for short term only for control of acute pain.

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: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Ketorolac Page(s): 70, 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Sprix

Decision rationale: The request was for short term use after surgery and not long term as mentioned in the UR . FDA has approved the use of Ketorolac (Sprix nasal spray) for short term use upto a maximum of 5 days. It has the potency of opioids although it does carry the risks of NSAIDs .Based upon the submitted documentation indicating post-operative short term use, the request for Sprix nasal spray is deemed medically necessary per guidelines.