

<b>Case Number:</b>	CM14-0138249		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	11/18/2002
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Occupational Medicine 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 case involves a 39 year-old female with date of injury 11/18/2002. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/14/2014, lists subjective complaints as pain in the neck and low back. Objective examination revealed no edema or tenderness palpated in any extremity. Muscle tone was normal without atrophy in the upper and lower extremities. Diagnosis includes syndrome cervicobrachial, sciatica, and lumbar disc displacement without myelopathy, lumbago, major depression, panic attack and pain psychogenic. The medical records provided for review document that the patient had been prescribed the following medication at least as far back as 6 months. Medications Sprix Nasal Spray 15.75mg, #100 SIG: one spray per day as needed Medications: 1. Sprix Nasal Spray 15.75mg, #100 SIG: one spray per day as needed.

### 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 #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available). Decision based on Non-MTUS Citation [www.sprix.com](http://www.sprix.com)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

**Decision rationale:** Sprix (Ketorolac Tromethamine) Nasal Spray is a non-steroidal anti-inflammatory drug with a black box warning against gastrointestinal bleeding, cardiovascular, and renal risks. It is indicated for short-term (up to 5 days in adults) management of moderate to moderately severe pain that requires analgesia at the opioid level. It is not indicated for minor or chronic painful conditions. The patient is currently suffering from a chronic condition. Continued use of Sprix Nasal Spray is not medically indicated.