

Case Number:	CM14-0080731		
Date Assigned:	07/18/2014	Date of Injury:	07/04/2013
Decision Date:	10/31/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/02/2014

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 & Rehabilitation, 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:

The records, presented for review, indicate that this 46 year old female was reportedly injured on July 4, 2013. The mechanism of injury was noted as a trip and fall over a hose. Diagnoses are listed as sprain lumbar region (██████) and sprain of neck (██████). The most recent progress note, dated May 3, 2014, indicated that there were ongoing complaints left ankle and bilateral knee pain. The physical examination demonstrated bilateral knees without trauma or swelling, no swelling of left ankle, full range of motion of the both knees and left ankle, pain right volar with spasms of the forearms, and shoulders. Diagnostic imaging study reviewed includes MRI dated 2/7/13 revealed focal partial thickness tear of distal infraspinatus tendinitis. Current medications include I.thyroid, over the counter Ibuprofen, Anaprox Prilosec, Flexeril, Theramine, and Sentra PM. Trepadone, Sentra AM, and Sprix is newly prescribed. Previous treatment included oral medications, random urine toxicology screenings were done and home exercise. A request was made for Sprix and was not certified in the preauthorization process on May 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sprix 15.75/spray: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Ketorolac, Updated August 6, 2014

Decision rationale: Sprix is a nasal spray form of Ketorolac. According to the Official Disability Guidelines, this medication should not be given except as a continuation following IV or IM dosing of ketorolac. It is not stated that the injured worker has had IV or IM forms of this medication. As such, this request for Sprix is not medically necessary.