

Case Number:	CM14-0088685		
Date Assigned:	07/23/2014	Date of Injury:	05/13/2005
Decision Date:	09/29/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/12/2014

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 and is licensed to practice in Nevada. 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 is a 58-year-old man was reportedly injured on May 31st 2005. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated April 24, 2014, indicates that there are ongoing complaints of low back pain. Current medications include Butrans patches and Nasonex nasal spray. The physical examination demonstrated tenderness over the spinous processes of the lumbar spine as well as the paraspinal muscles and facet joints. There was decreased lumbar spine range of motion and a normal neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes lumbar spine surgery. A request had been made for Nasonex spray and was not certified in the pre-authorization process on June 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nasonex Spray 50mcg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/nasonex-drug.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a602024.html>.

Decision rationale: The most recent progress note dated April 24, 2014, does not state that the injured employee has any ear, nose and throat issues to include allergies that would necessitate the need of the Xanax nasal spray. As such, this request for Nasonex nasal spray is not medically necessary.