

Case Number:	CM14-0096239		
Date Assigned:	09/15/2014	Date of Injury:	07/09/2003
Decision Date:	10/15/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/24/2014

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 injured worker is a 59-year-old female who reported an injury on 09/13/2002. The mechanism of injury was not specified. The diagnoses included status post revision for left total knee replacement, cervical facet arthropathy, cervical and lumbar radiculopathy, and status post bilateral total knee arthroplasty. Past treatments included electroacupuncture, medications, and a home exercise program. Diagnostic studies included MRI performed on 10/11/2010 that showed severe degenerative changes with disc space narrowing at L4-5 with disc bulging at multiple levels, borderline spinal stenosis from L2-3 through L4-5, degenerative changes with hypertrophic and sclerotic change, and Schmorl's nodes. Additionally, there was an MRI scan of the cervical spine that was performed on 07/02/2014 that revealed multilevel pathology at C4-5, C5-6, and C6-7. The surgical history included a right knee replacement on 05/12/2008, a left knee replacement on 02/22/2010, and a lumbar discectomy on 10/31/2012. The injured worker complained of neck pain that radiates down her bilateral upper extremities and low back pain that radiates down her bilateral lower extremities and they are both aggravated by activity and walking; her pain level with medications is rated at 8/10 and without medications 10/10. On 07/03/2014, the physical exam findings noted the injured worker was in moderate distress and her gait was antalgic and slow. Her cervical sensory exam showed decreased sensation in the upper right extremity with affected dermatome at C6-7, her lumbar exam noted tenderness in the spinal vertebral area at L4-S1 level, her range of motion was limited due to pain, the pain was increased with flexion and extension, her lumbar sensory exam showed decreased sensitivity to touch along the L5-S1 dermatome in the left lower extremity, her motor exam showed decreased strength of the extensor muscles in the left lower extremity, and a positive straight leg raise for radicular pain at 50 degrees. Medications included Tramadol HCL 50 mg, Oxycodone HCL 10 mg, Gabapentin 600 mg, Omeprazole DR 20 mg and Celexa 20 mg. The treatment plan noted to

continue on a home exercise program, start acupuncture, continue medications and follow-up in 1 month. The rationale for the request and the request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sprinx Nasal Spray- 5 Bottles: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request for Sprinx nasal spray quantity of 5 bottles is not medically necessary. The history of the injured worker included bilateral total knee arthroplasty, left total knee replacement, and cervical and lumbar deficits. The Official Disability Guidelines state Sprinx is FDA approved as an intranasal formulation 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 to exceed 5 days. The injured worker complained of neck and low back pain. The physician noted the injured worker had a tolerance to opioid medications. The guidelines support the use of Sprinx for short term management of moderate to moderately severe pain; however, the rationale for the request was not indicated. The submitted request is for Sprinx and the documentation indicates Sprinx; therefore, clarification would be necessary. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request is not supported. As such, the request for Sprinx nasal spray 5 bottles is not medically necessary.