

<b>Case Number:</b>	CM14-0215214		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	09/12/1997
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, Texas  
 Certification(s)/Specialty: Internal Medicine

### 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 55year old man with a work related injury dated 9/12/1997 resulting in chronic pain of the lumbar spine and left leg. The patient was seen by his primary provider on 10/2/14. He continued to complain of low back pain with pain radiating into the left lower extremity. Previous treatment includes surgical fusion of the lumbar spine, physical therapy, acupuncture, chiropractic treatment, ESI and oral and topical analgesic medications. The physical exam showed a negative straight leg raising, tenderness to palpation over the lumbar spine and decreased range of motion. The diagnosis included spondylosis lumbosacral, lumbar disc displacement without mylopathy, cervical disc displacement and stenosis spinal lumbar. The current medications included Ketamine 5% cream, protonix, diclofenac, gabapentin, tizanidine, fentanyl, aspirin, atenolol and nortryptiline. The plan of care included the use of Sprix Nasal spray (Ketorolac).Under consideration is the medical necessity of Sprix Nasal spray (Ketorolac) for the use of chronic lumbar pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sprix nasal spray, 15.75 mg per spray: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** All NSAIDS have a boxed warning for associated risk of adverse cardiovascular events, including MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDS can cause ulcers and bleeding in the stomach and intestines at any time during treatment. The use of NSAIDS may compromise renal function. According to the MTUS NSAIDS are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain in patients with osteoarthritis. With regards to back pain NSAIDS are recommended as an option for short-term symptomatic relief. In general, there is conflicting evidence that NSAIDS are more effective than acetaminophen for acute low back pain. Sprix nasal spray is topical Ketorolac used for acute pain with a short course of medication. In this case the documentation doesn't support that the patient has had an acute exacerbation of pain. Given the medical history of cardiac dysrhythmia and hypertension the continued use of Sprix nasal spray is not medically necessary.