

Case Number:	CM15-0062946		
Date Assigned:	04/08/2015	Date of Injury:	02/11/2013
Decision Date:	05/08/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51-year-old male, with a reported date of injury of 02/11/2013. The diagnoses include right knee chondromalacia, status post right chondroplasty, and bilateral medial meniscal tear. Treatments to date have included Ibuprofen, Terocin patch, Percocet, Ultram, a walking cane, right knee arthroscopy, an MRI of the left knee, physical therapy for the right knee, and an MRI of the right knee. The progress note dated 02/27/2015 indicates that the injured worker complained of right knee pain and left knee pain. The objective findings include mild to moderate antalgic gait, mild soft tissue swelling of the left knee, left medial joint line tenderness, left peripatellar tenderness, decreased left knee range of motion, and inability to perform a full squat. The treating physician requested five Sprix spray bottles for postoperative pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sprix spray, five bottles (forty sprays): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: Regarding the request for Sprix, CA MTUS does not address the issue. ODG cites that FDA approved an intranasal formulation of ketorolac tromethamine (Sprix Nasal Spray) 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 exceed 5 days. Both studies used for approval were for short-term pain after abdominal surgery, so it is not recommended as a first-line medication for chronic pain. Within the documentation available for review, the provider requested the medication for postoperative pain relief, but there is no indication of a pending authorized surgical procedure. In light of the above issues, the currently requested Sprix is not medically necessary.