

Case Number:	CM15-0063062		
Date Assigned:	04/08/2015	Date of Injury:	01/19/2010
Decision Date:	05/14/2015	UR Denial Date:	03/31/2015
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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 34-year-old female, who sustained an industrial injury on January 19, 2010. She reported injury to the lower back, neck, right hand, head, right hip, right foot and upper back area. The injured worker was diagnosed as having chronic pain syndrome, sciatica, other and unspecified disc disorder of lumbar region, thoracic or lumbosacral neuritis or radiculitis, fusion of spine, closed dislocation lumbar vertebra, other and unspecified disc disorder of thoracic region, cervicgia and trochanteric bursitis. Treatment to date has included Functional Restoration Program, diagnostic studies, injection, exercises and medication. On March 9, 2015, the injured worker was noted to have made good progress with the Functional Restoration Program. She reported pain in her right hip and low back. The pain is described as constant, dull, achy and irritating. The pain was rated as a 4-5 on a 1-10 pain scale. The pain was noted to radiate to the last four toes on the right side with numbness in her last three toes. The treatment plan included right trochanteric bursa injection, exercises, medications and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPRIX 15.75MG NASAL SPRAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 72.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation ODG, Pain, Sprix.

Decision rationale: The MTUS guidelines are silent on the use of Sprix nasal spray. Per the ODG guidelines: In May 2010, 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. The documentation submitted for review indicates that this medication has been in use since at least 8/2014. As it is not recommended for durations in excess of 5 days, the request is not medically necessary.