

Case Number:	CM15-0074358		
Date Assigned:	04/24/2015	Date of Injury:	01/11/2011
Decision Date:	05/27/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/20/2015

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: Texas, Florida

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 51-year-old female who sustained a work related injury January 11, 2011. According to a physician's medical pain progress report, dated March 2, 2015, the injured worker presented with complaints of increased chronic neck pain with tingling in her upper back. There is increased radiation down the left arm and numbness to all digits of her left hand and only able to use the 1st and 3rd digits of the right hand. She compensates by using the left hand more and has increased pain. Current medications include Percocet, Duexis, Flexeril, Lyrica, compound creams and over the counter medication, not specified, for headaches. She is trialing a TENS unit and finds it effective in reducing pain by 20%. Diagnoses included cervical fusion at C5-6 and C6-7; cervical radiculopathy; headaches; bilateral carpal tunnel syndrome; right DeQuervain's tenosynovitis; right shoulder pain, possible adhesive capsulitis. Treatment plan included continue medications and TENS unit, and request authorization for physical therapy, 10 sessions. At issue, is a request for 5 bottles of Sprix/ketorolac spray for post operative pain. The medications listed are Lyrica, Norco, Flexeril and ketoprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 bottles of Sprix spray (40 sprays) 15.75mg/spray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDS.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiac, renal and gastrointestinal complications. The incidence of complications is significantly increased when multiple NSAIDs are being utilized concurrently. The guidelines recommend the use of ketorolac be limited to less than 3 days the immediate peri-operative period because of increased risk of bleeding complications. The records indicate that the patient is on chronic NSAIDs treatment. There is no documentation that the patient can no longer tolerate oral NSAIDs after surgery. The criterion for the use of Sprix / ketorolac spray 5 bottles 40 sprays 15.75mg/spray was not met. Therefore, this request is not medically necessary.