

Case Number:	CM14-0113375		
Date Assigned:	09/18/2014	Date of Injury:	11/05/2010
Decision Date:	09/09/2015	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/21/2014

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 43 year old female who sustained an industrial/work injury on 11-5-10. She reported an initial complaint of left elbow pain. The injured worker was diagnosed as having left carpal tunnel syndrome, triggering of left thumb and small finger, and left elbow pain, status-post surgery. Treatment to date includes medication, surgery (left elbow, dorsal column stimulator placement on 11-30-12), physical therapy, and epidural steroid injections. MRI results were reported on 6-28-12. EMG-NCV (electromyography and nerve conduction velocity test) was done on 1-17-11 that demonstrated bilateral carpal tunnel syndrome. Currently, the injured worker complained of occasional low back pain with new flare up resulting in pain of 5 out of 10 and points of sharp pain rated 6-7 out of 10. Per the progress report on 3-6-15, exam reported tenderness and tightness of the parathoracic and lumbo-sacral region, lumbar range of motion is decreased, especially in extension and lateral flexion, with motion causing increased tension and discomfort in lumbo-sacral region. The requested treatments include Sprix 15.75mg Nasal Spray for post-operative pain.

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 for Post operative pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition; Chapter: Pain Sprix (ketorolac tromethamine nasal spray).

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 15.75mg Nasal Spray for Post operative pain, CA MTUS does not specifically address the issue. ODG notes that Sprix is indicated 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. Within the documentation available for review, the patient is noted to also be utilizing opioids and there is no rationale presented for the concurrent use of both medications. Additionally, there is no indication that the proposed medication is for less than 5 days of use and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Sprix is not medically necessary.