

Case Number:	CM13-0056746		
Date Assigned:	12/30/2013	Date of Injury:	10/21/1996
Decision Date:	11/14/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/22/2013

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 66 year old female who was injured on 10/21/1996. The mechanism of injury is unknown. The only note that is provided is a letter dated 11/26/2013 from head and neck surgeon, [REDACTED]. It noted the patient was seen for allergic rhinitis, allergic conjunctivitis, and generalized allergies. The patient was noted to have a history of viral or fungal infections leading to lesions or viral ulcers in her mouth. One the lesions required biopsy and culture warranted nothing worrisome. The medication including Zovirax 5% and Mycelex troche 10 mg is being requested because of her recurrent history of oral viral and fungal infections. There were no other reports submitted for review. Prior utilization review dated 10/31/2013 states the request for Restasis 0.05% twice daily #60 for 30 days with Eleven (11) Refills is modified to certify Restasis 0.05% with 6 refills; Patanase 0.6% twice daily for 30 days #120 inhalation with Eleven (11) Refills is modified to certify Patanase 0.6% with 6 refills; Zovirax 5% 30mg With Eleven (11) Refills is not certified as medical necessity has not been established; And Mycelex Troche 10mg Capsules #180 With Eleven (11) Refills is not certified as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

RESTASIS 0.05% #60 WITH ELEVEN (11) REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WWW.DRUGS.COM/PRO/RESTASIS.HTML

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/restasis.html>

Decision rationale: The guidelines recommend Restasis for increased tear production in keratoconjunctivitis sicca. The patient does appear to have signs and symptoms consistent with conjunctivitis. However, the request as written is unclear. A frequency of administration is not included. The clinical notes state Restasis can be used twice daily but daily use is also acceptable. If the request is for daily administration it is unclear why 2 years' worth of medications is necessary for the patient without prior follow up. Although the medication may in fact be appropriate for the patient, the request as written along with clinical documents is unclear. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

PATANASE 0.6% 120 INHALERS WITH ELEVEN (11) REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WWW.DRUGS.COM/PRO/PANTANASE.HTML

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/patanase.html>

Decision rationale: The guidelines recommend Patanase for treatment of season allergic rhinitis. From the clinical documents provided it does appear the patient suffers from allergic rhinitis. However, the request as written is unclear. A frequency of administration is not included. It is unclear why 120 inhalers are needed with 11 refills. Patanase is generally dispensed in bottles which contain 240 sprays. The request as written appears to provide the patient with more than a 10 year supply of patanase. Although the medication may in fact be appropriate for the patient, the request as written along with clinical documents is unclear. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

ZOVIRAX 5% 30MG WITH ELEVEN (11) REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WWW.DRUGS.COM/PRO/ZOVIRAX.HTML

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/zovirax.html>.

Decision rationale: The guidelines recommend Zovirax for treatment of herpes virus. Generally, the medication is applied to topical lesions for 4-7 days. From the clinical documents it appears the patient has had a history of viral infections of her lips but it is unclear if these infections were herpes virus. The request as written does not include a frequency of administration. Further, the request is for a large quantity of Zovirax, and it is unclear why the patient requires 11 refills prior to follow up with a physician. Although the medication may in

fact be appropriate for the patient, the request as written along with clinical documents is unclear. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

MYCELEX TROCHE 10MG CAPSULES #180 WITH ELEVEN (11) REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WWW.DRUGS.COM/MTM/MYCELEX-TROCHE.HTML

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682753.html>

Decision rationale: The guidelines recommend Mycelex for the treatment of oropharyngeal candidiasis. Generally, the infection is treated with Mycelex 5 times per day for 14 days. From the clinical documents it appears the patient has had a history of oropharyngeal candidiasis but it is unclear if she is currently suffering from candidiasis. The request as written does not include a frequency of administration. Further, the request is for a one year supply of Mycelex, which is an excessive amount of medication. It is unclear why the patient requires 11 refills prior to follow up with a physician. Although the medication may in fact be appropriate for the patient, the request as written along with clinical documents is unclear. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.