

Case Number:	CM14-0018574		
Date Assigned:	04/18/2014	Date of Injury:	10/31/1994
Decision Date:	08/20/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/13/2014

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. The expert reviewer is Board Certified in Ophthalmology 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:

This is a 63-year-old male with a 10-31-1994 date of injury. A specific mechanism of injury was not described. 2/7/14 determination was modified. Certification was given for a diabetic eye exam and a modification was rendered for Restasis to include 1 prescription of Restasis up to 30 vials 0.4ml with 2 refills between 1/23/14 and 4/5/14. 1/23/14 medical report identify dry eyes, burning, itching in both eyes, for years. The onset was gradual and it affects both near and far vision. It is noted that the patient is diabetic. Blood sugar level checked in the morning at 98 fasting. Exam revealed bilateral dematochalasis, lash ptosis, decrease tear meniscus of the cornea bilaterally, and trace of nuclear sclerosis. Diagnoses include IDDM w/o oc cx, keratitis sicca, OU, and dematochalasis, OU. Recommendations included artificial tear for maintenance and to try Restasis OU BID.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR UNKNOWN PRESCRIPTION OF RESTASIS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Optometric Association. Care of the beneficiary with diabetes mellitus. St. Louis (MO): American Optometric Association; 2009 page 74 [127 references].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA states that Restasis® ophthalmic emulsion is indicated to increase tear production in patients whose tear production is presumed to be suppressed due to ocular inflammation associated with keratoconjunctivitis sicca. Increased tear production was not seen in patients currently taking topical anti-inflammatory drugs or using punctal plugs.

Decision rationale: The patient presents with keratitis sicca, for which Restasis is indicated. However, the request as presented did not include specific amount of medication provided or the indications of usage. The provider indicated that Restasis was to be applied BID and that the patient was to be evaluated in 3 months. In that context, the prior determination appropriately modify the request for Restasis to include 1 prescription of Restasis up to 30 vials 0.4ml with 2 refills between 1/23/14 and 4/5/14. However, given the inability to provide a modified certification. The request for Restoril without specific dosage, indications for usage, and amount of medication requested, is not medically necessary and appropriate.