MAXIMUS Federal Services

Case Number:	CM14-0022251		
Date Assigned:	05/09/2014	Date of Injury:	09/10/2012
Decision Date:	07/22/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/21/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 46-year-old female who reported an injury on 09/10/2012, the mechanism of injury was not provided. On 01/31/2014 it was noted that the injured worker presented with headaches, difficulty sleeping, tightness in neck and shoulders as well as neck and shoulder pain. She continued to have complaints of light sensitivity. Upon examination, the injured worker had her right hand over her right eye to diminish light sensitivity. Cranial nerves 2 through 7 indicate visual acuity with the correction, left eye is 30, and right eye is hand motion. There was marked light sensitivity in the right eye and increased discomfort with optic kinetic testing to the right. Examination of the neck revealed tenderness over the cranial paraspinal muscles. Diagnoses were closed head injury, post-concussion syndrome with features consistent of organic brain syndrome, Irlen's syndrome with light sensitivity, status post nasal fracture in need of further nasal surgery, muscle contraction and vascular headaches, status post traumatic injury to the right eye, anxiety and depression with irritability, and cervical strain with chronic pain. Prior therapy included modifications, surgery, medications, and psychiatric treatment. The provider recommended a screening for Irlen syndrome to see if tinted lenses can decrease hypersensitivity and Norco 5/325 mg with quantity of 60 and 1 refill. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

SCREENING FOR IRLEN SYNDROME: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Website, www.ncbi.nlm.nih.gov/pubmed/22913027.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 415-416.

Decision rationale: The California MTUS ACOEM Guidelines state recommendations for assessing and treating injured workers with potentially work-related acute complaints include initial assessment and diagnosis of injured worker with identification of red flags, initial management, diagnostic considerations, special studies for identifying clinical pathology, and management considerations. The included medical documentation lacked evidence of updated eye exam and positive provocative testing indicating pathology of Irlen syndrome. The injured worker was said to have been covering her right eye due to sensitivity; however, there is no objective functioning deficit in relation to the injured worker's light sensitivity. The prior eye exam screening was done in 08/2013 prior to eye surgery. As such, the request is not medically necessary.

NORCO 5/325 #60 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, Specific Drug List: Hydrocodone / Acetaminophen (Norco), Page 91 Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, page(s) 78 Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The injured worker has been prescribed Norco since at least 12/2013, the efficacy of the medication was not provided. There is a lack of evidence of an objective assessment and the injured worker's pain level, functional status, evaluation of risk for aberrant of abuse behavior, and side effects. The provider's request does not indicate frequency of the medication. As such, the request is not medically necessary.