

Case Number:	CM14-0022253		
Date Assigned:	05/12/2014	Date of Injury:	05/14/2007
Decision Date:	07/10/2014	UR Denial Date:	02/05/2014
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 and Rehabilitation 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 25 year old male who was injured on December 12, 2013 while performing his usual and customary duties as a cook when vinegar/lime juices/spices struck him in the left eye and affected his contacted lenses. A progress note dated December 16, 2013 documented the patient with complaints of pain in his left eye. The patient described the symptoms as sharp. He says it is mild and the frequency is intermittent. The symptoms are exacerbated by palpation and lessened by rest. Itching is reported in the eye and the patient complains of eye pain. The patient was not wearing protective eyewear at the time of the injury. There was an exposure to a caustic substance, vinegar/lime juice/spices. A high speed projectile was not involved with this injury. Objective findings on examination revealed uncorrected visual acuity to be: 20/40 in both eyes. The visual fields are grossly normal on the right. The visual fields are grossly normal on the left. The eye examination was performed using UV lamp. The red reflex is absent-Orthopedic Surgery. No opacities were found during a fundusoscopic exam. No hemorrhages were found. Bony tissues of left orbit ocular adnexa are normal. Soft tissues of left ocular adnexa were normal. Abnormalities were found in the conjunctiva. Erythema was present in the left conjunctiva. The cornea revealed disrupted epithelium. The left eyelid eversion is normal. Examination of the left anterior chamber is negative for hemorrhage, inflammatory cells and lens displacement. Pupils are symmetrical and equally reactive to light and accommodation. The extraocular eye muscles are intact. There is no nystagmus noted. The patient's diagnoses included an eye burn, a headache and acute conjunctivitis. A Progress note dated January 13, 2014 documented objective findings to show uncorrected visual acuity as follows: 20/20 in both eyes. Visual fields are grossly normal on right and left. Bony tissues of left orbit ocular adnexa are normal. Soft tissues of left ocular adnexa were normal. Abnormalities were found in the conjunctiva. Erythema and edema were present in the left conjunctiva. There are opacities in the

left cornea. The left eyelid eversion is normal. Examination of the left anterior chamber is negative for hemorrhage, inflammatory cells and lens displacement. Pupils are symmetrical and equally reactive to light and accommodation. The extraocular eye muscles are intact. The right eye was examined for comparison. Bony tissues of right orbit ocular adnexa are normal. Soft tissues of right ocular adnexa normal. The conjunctiva was negative for foreign bodies, discharge, hemorrhage, lacerations or inflammation. The corneal examination did not reveal any foreign body, abrasions or Fluorescein uptake. The right eyelid eversion is normal. Examination of the right anterior chamber is negative for hemorrhage, inflammatory cells and lens displacement. Pupils are symmetrical and equally reactive to light and accommodation. The extraocular eye muscles are intact. Peripheral vision is grossly intact. The expected maximum medical improvement date was January 13, 2014. The patient is advised to return to work without restrictions. He is released from care and is to return to full duty on January 13, 2014 with no limitations or restrictions. Released from care without ratable disability or need for future medical care. UR report dated January 10, 2014 denied the request for custom sclera ocular prosthesis because it is not demonstrated to be medically necessary for the effects of the industrial injury. It is not clear that the objective findings on examination meet the requirements for the definition of Phthisis Bulbi and Enophthalmos. The request appears to be directed to underlying medical issues not related to the cited mechanism of injury. There is no evidence of aggravation or exacerbation of any underlying comorbidities related to the left eye.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 EPIDURAL INJECTION SERIES OF 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: According to the California MTUS guidelines, an epidural steroid injection is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Current research does not support a "series-of-three" injection in either the diagnostic or therapeutic phase. In addition, the guidelines outline that the first criterion for ESI is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical reports do not document objective findings and corroborative diagnostics that correlate to an active lumbar radiculopathy involving the L5-S1 level. The medical records do not establish the request for a series of three L5-S1 epidural steroid injections is medically indicated. Therefore the request is not medically necessary.

NORCO 7.5/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When To Discontinue Opioids and When to Continue Opioids. Decision based on Non-MTUS Citation ODG TWC 2014 Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: California MTUS states Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet; Lorcet, Lortab; Margesic-H, Maxidone; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available) is indicated for moderate to moderately severe pain. It is classified as short-acting opioids, which are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. The guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, the medical records do not indicate this medication is appropriate for this patient. Review of the medical records reveals the patient reports 6/10 low back and 7/10 right knee pain, unchanged. The medical records do not establish the patient has obtained clinically significant benefit with chronic opioid use. The medical records do not establish use of Norco has been beneficial or medically necessary for the management of the patient's complaints. The request for Norco 7.5/325 #60 is not medically necessary.