

<b>Case Number:</b>	CM14-0038983		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/04/1987
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Occupational 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:

This is a 54 year-old female with a date of injury of 05/04/87 after being struck in the face with a baseball; sustaining a jaw and cheekbone fracture. She underwent surgery for this as well as a maxillary surgery with revision and sinus repair. The patient was seen on 2/19/14 with complaints of headache and facial pain which was thought to be due to the patient's trigeminal neuralgia. The patient has been on Norco, Duragesic Patch, Ativan, and Clonazepam chronically for years. Exam findings revealed numbness over the lower half of the left face. The diagnoses are: trigeminal neuralgia, facial pain, migraine, and insomnia. Treatment to date: exercise, physical therapy, heat, medication, and cortisone injections. An adverse determination was received on 3/26/14, given that the role of Nasonex was not specified in the patient's treatment plan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nasonex Spray 50 mcg, 17 grams/2 sprays every day, as needed with 5 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pareja 2013 Article, Symptoms of Trigeminal Neuralgia.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Nasonex) Blue Cross Pharmacy Policy Bulletin Intranasal Steroids.

**Decision rationale:** CA MTUS and The Official Disability Guidelines do not apply. The FDA states that "Nasonex is indicated to treat and prevent nasal symptoms such as congestion, sneezing, and runny nose caused by seasonal or year-round allergies." Blue Cross Pharmacy Policy Bulletin Intranasal Steroids states that "Intranasal Steroids are used for a variety of disorders including nasal polyps, non-allergic rhinitis, perennial allergic rhinitis and seasonal allergic rhinitis." Nasonex is also used to treat growths in the nose (nasal polyps) in adults. Mometasone is a steroid which prevents the release of substances in the body that cause inflammation. There is a lack of documentation provided regarding nasal polyps or rhinorrhea. In addition, rhinorrhea is generally not a symptom of trigeminal neuralgia. The patient is not noted to have allergies or polyps. Furthermore, the rationale for this medication was not clear. Therefore, the request for Nasonex was not medically necessary.