

<b>Case Number:</b>	CM14-0081438		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	12/20/2004
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 & Rehab 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:

According to the records made available for review, this is a 48-year-old male with a 12/20/04 date of injury. At the time (3/17/14) of request for authorization for Optivar 1qtt#1 and unknown evaluation/management, there is documentation of subjective (continued headaches, flare-ups of left eye pain, and amnesia due to pain) and objective (tenderness to palpation over the left temporal region and left orbital pain) findings, current diagnoses (cephalgia), and treatment to date (Optivar since at least 9/20/13). In addition, medical report plan identifies periodic medical visit for monitoring and referrals. Regarding Optivar 1qtt#1, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Optivar (azelastine ophthalmic) is indicated (such as itching of the eye(s) associated with allergic conjunctivitis or allergies (hay fever)).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Optivar 1qtt#1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation

(<http://www.drugs.com/pro/optivar.html>).

**Decision rationale:** MTUS and ODG do not address this issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Medical Treatment Guideline identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Optivar (azelastine ophthalmic) is indicated (such as itching of the eye(s) associated with allergic conjunctivitis or allergies (hay fever)), as criteria necessary to support the medical necessity of Optivar. Within the medical information available for review, there is documentation of a diagnosis of cephalgia. However, despite documentation of left orbital pain, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Optivar (azelastine ophthalmic) is indicated (such as itching of the eye(s) associated with allergic conjunctivitis or allergies (hay fever)). Therefore, based on guidelines and a review of the evidence, the request for Optivar 1qtt#1 is not medically necessary.

**Unknown evaluation/management:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Independent Medical Examinations and Consultations Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office visits.

**Decision rationale:** MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of a diagnosis of cephalgia. In addition, given documentation of subjective findings (continued headaches, flare-ups of left eye pain, and amnesia due to pain), objective findings (tenderness to palpation over the left temporal region and left orbital pain), and a plan identifying periodic medical visit for monitoring and referrals, there is documentation of a clinical condition necessitating an office visit based upon reasonable a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. However, there is no documentation of the frequency of the requested unknown evaluation/management. Therefore, based on guidelines and a review of the evidence, the request for unknown evaluation/management is not medically necessary.