

<b>Case Number:</b>	CM14-0198122		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	12/12/2013
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Ophthalmology

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 26-year-old male with a 12/12/13 date of injury. 11/09/14 medical management report states that the patient's current diagnoses are vision loss of left eye, abrasion or cornea, aphakia or for left eye. Patient is currently working with restrictions patient attended his appointment with the optometrist on 10/21/14 when he was given a prescription for right eye contact lenses, 4 packs and Criticare solution and saline solution for contact lenses, 12 bottles of each. Optometrist notes are handwritten and poorly legible.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Contact Lens Solution #12 bottles of each:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation In vitro efficacy of contact lens solutions against various corneal fungal isolates; Pinna A, Usai D, Zanetti S, Thomas PA, Kaliamurthy J. - [www.ncbi.nlm.nih.gov/pubmed/23617264](http://www.ncbi.nlm.nih.gov/pubmed/23617264)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [http://www.clearcaresolution.com/reviews/docs/CLEAR\\_CARE\\_Package\\_Insert.pdf](http://www.clearcaresolution.com/reviews/docs/CLEAR_CARE_Package_Insert.pdf)

**Decision rationale:** [REDACTED] Cleaning & Disinfecting Solution is a sterile solution containing micro-filtered hydrogen peroxide 3%, sodium chloride 0.79%, stabilized with phosphonic acid, a phosphate buffered system, and Pluronic 17R4 (a cleaning agent). [REDACTED] Cleaning and Disinfecting Solution is supplied in sterile 3 fl. oz. (90 ml), 12 fl. oz. (355 ml) and 16 fl. oz (480 ml) plastic bottles. It is clear that the patient has been prescribed [REDACTED]" as one of the agents for lens maintenance. However, the report does not state the volume of the bottles, nor does the report describe the medical necessity for that particular quantity. The lenses are stated for quarterly replacement and the optometrist expects the patient to return for a reevaluation in 6 months. There are no MTUS or Official Disability Guidelines that address this. Review of online literature describes the [REDACTED] as a sterile solution for cleaning and disinfecting lenses. There had been a prior determination recommending authorization for 4 bottles as this is only being used for one contact lens which was reasonable. However, the request here is for 12 bottles, which cannot be established as medically necessary. Therefore, this request is not medically necessary.