

Case Number:	CM14-0207151		
Date Assigned:	12/19/2014	Date of Injury:	06/22/2013
Decision Date:	02/12/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/10/2014

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:

Injured worker is a female with date of injury 6/22/2013. Per primary treating physician's progress report dated 11/3/2014, the injured worker complains of constant neck pain radiating to the upper extremities with numbness and tingling, rated at 8/10. She reports constant mid back pain rated 8/10 and constant low back pain radiating to the lower extremities with numbness and tingling, rated at 5/10. She also reports constant bilateral shoulder pain rated 5/10. Pain without medications is rated 8/10. She has undergone physical therapy for about 2 weeks and has significant improvement with decreased pain, improved sleep and she can walk and sit longer and increase activities of daily living. She has continual headaches, nausea and vomiting. On examination cervical range of motion is flexion 25 degrees, extension 30 degrees, right lateral flexion 25 degrees, left lateral flexion 25 degrees, right rotation 50 degrees, left rotation 50 degrees. She has tender trapezius muscles with spasm. Bilateral shoulder range of motion is flexion 140 degrees left, 130 degrees right, extension 35 degrees right, 30 degrees left, abduction 130 degrees, adduction 40 degrees right, 30 degrees left, internal rotation 60 degrees and external rotation 60 degrees. Impingement is positive bilaterally. Thoracic range of motion is flexion 25 degrees, right rotation 10 degrees, left rotation 10 degrees. Lumbar range of motion is flexion 20 degrees, extension 10 degrees, right lateral flexion 10 degrees, and left lateral flexion 10 degree. The lumbar spine is tender with spasm. Gait is slow and antalgic. Straight leg raise is positive bilaterally. She ambulates with a cane. Left upper extremity sensation is decreased at C7-8. Diagnoses include 1) cervical radiculitis 2) thoracic sprain/strain 3) lumbar disc protrusion 4) lumbar radiculopathy 5) bilateral shoulder sprain/strain 6) neuropathic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Patanol eye drops 0.1%, 1 bottle: 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/patanol.html>.

Decision rationale: The MTUS Guidelines and ODG do not address the use of Patanol. Patanol is an antihistamine ophthalmic medication that is used to treat ocular symptoms of allergic conditions, such as inflammation, itching, watering and burning. There are no subjective reports or objective findings regarding eye complaints in the medical reports, with the exception in the treatment plan a mention of burning vision. There are no diagnoses related to eye problems, and no eye examination reported. The injured worker has musculoskeletal injuries from cumulative trauma. Medical necessity of this request has not been established. The request for Patanol eye drops 0.1%, 1 bottle is determined to not be medically necessary.