

<b>Case Number:</b>	CM15-0145161		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	09/28/2001
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Emergency Medicine

### 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 59-year-old male injured worker suffered an industrial injury on 9-28-2001. The diagnoses included psychogenic headache, generalized convulsive epilepsy, cervical radiculopathy, and cervicobrachialgia and lumbosacral neuritis. The treatment included medications. On 8-20-2014 and 10-1-2014, the treating provider reported significant spasms in the cervical spine. On exam, there was reduced cervical range of motion with tenderness. The low back had reduced range of motion with spasms. It was not clear if the injured worker had returned to work. The requested treatments included Espinastine .05% (DOS 09/30/14), Fluorometholine .1% (DOS 09/30/14) and Ranitidine 150mg (DOS 10/29/14).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Espinastine .05% (DOS 09/30/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.nlm.nih.gov](http://www.nlm.nih.gov).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/drugs/2/drug-78324/epinastine-ophthalmic/details>.

**Decision rationale:** The requested Espinastine .05% (DOS 09/30/14), is not medically necessary. CA MTUS and ODG are silent. <http://www.webmd.com/drugs/2/drug-78324/epinastine-ophthalmic/details> note that this medication is an anti-histaminic ophthalmic solution used for allergic reactions. The injured worker has significant spasms in the cervical spine. On exam, there was reduced cervical range of motion with tenderness. The low back had reduced range of motion with spasms. The treating physician has not sufficiently documented symptoms or exam findings indicative of ophthalmic allergies. The criteria noted above not having been met, Espinastine .05% (DOS 09/30/14) is not medically necessary.

**Fluorometholine .1% (DOS 09/30/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.medicines.org.uk/guides/fluorometholone/Inflammatory%20eye%20conditions>.

**Decision rationale:** The requested Fluorometholine .1% (DOS 09/30/14), is not medically necessary. CA MTUS and ODG are silent. <http://www.medicines.org.uk/guides/fluorometholone/Inflammatory%20eye%20conditions> notes that this medication is a steroidal eye drop. The injured worker has significant spasms in the cervical spine. On exam, there was reduced cervical range of motion with tenderness. The low back had reduced range of motion with spasms. The treating physician has not sufficiently documented symptoms or exam findings indicative of ophthalmic allergies. The criteria noted above not having been met, Fluorometholine .1% (DOS 09/30/14) is not medically necessary.

**Ranitidine 150mg (DOS 10/29/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The requested Ranitidine 150mg (DOS 10/29/14), is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note, "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has significant spasms in the cervical spine. On exam, there was reduced cervical range of motion with tenderness. The low back had reduced range of motion with spasms. The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Ranitidine 150mg (DOS 10/29/14) is not medically necessary.