

Case Number:	CM15-0224383		
Date Assigned:	11/19/2015	Date of Injury:	11/10/1998
Decision Date:	12/30/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/16/2015

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:

This injured worker is a 51 year old male who reported an industrial injury on 11-10-1998. His diagnoses, and or impressions, were noted to include: corneal ulcer; other corneal scars and opacities; and herpes viral ocular disease. No imaging studies were noted. His treatments were noted to include: eye examinations and imaging (10-2014); medication management; and a return to full duty, unrestricted, work. The progress notes of 10-8-2015 reported: flare-ups that go away with occasional puffiness of ulcer area of right, good lower vision with glasses. The objective findings were noted to include: right eye vision of 20-20 and left eye vision of 20-20; right eye corneal scarring, superiorly; and a lens implant with trace haziness. The physician's requests for treatment were noted to include the continuation of Acyclovir 400 mg twice a day, along with Prednisone drops, which he will remain on continually. The prescription, dated 10-28-2015, was noted for Val Acyclovir 500 mg and was noted as rejected. The Utilization Review of 11-4-2015 non-certified the request for Val acyclovir 500 mg, #90 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Valacyclovir 500 mg #90 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine.

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-6279/valacyclovir-oral/details>.

Decision rationale: The requested Pharmacy purchase of Valacyclovir 500 mg #90 with 3 refills is medically necessary. CA MTUS and ODG are silent on this issue. <http://www.webmd.com/drugs/2/drug-6279/valacyclovir-oral/details> recommends this anti-viral medication for the treatment and/or prevention of herpes-related infections. The injured worker has corneal ulcer; other corneal scars and opacities; and herpes viral ocular disease. No imaging studies were noted. His treatments were noted to include: eye examinations and imaging (10-2014); medication management; and a return to full duty, unrestricted, work. The progress notes of 10-8-2015 reported: flare-ups that go away with occasional puffiness of ulcer area of right, good lower vision with glasses. The objective findings were noted to include: right eye vision of 20-20 and left eye vision of 20-20; right eye corneal scarring, superiorly; and a lens implant with trace haziness. The physician's requests for treatment were noted to include the continuation of Acyclovir 400 mg twice a day, along with Prednisone drops, which he will remain on continually. The prescription, dated 10-28-2015, was noted for Val Acyclovir 500 mg and was noted as rejected. The treating physician has documented valid concerns over recurrent herpetic infection. The criteria noted above having been met, Pharmacy purchase of Valacyclovir 500 mg #90 with 3 refills is medically necessary.