

Case Number:	CM15-0030626		
Date Assigned:	02/24/2015	Date of Injury:	09/10/2012
Decision Date:	04/08/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/19/2015

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: Internal 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 46 year old female sustained an industrial injury on 9/10/12, with brain injury, sensorineural hearing loss, soft tissue injuries to the face and a nasal fracture. Treatment included medications, work modifications, Botox injections, physical therapy, cognitive behavioral therapy and rest. In a progress note dated 1/2/15, the injured worker complained of ongoing headaches. The physician noted that the injured worker suffered ongoing brain fatigue and eye strain from her injury with blindness in one eye and overuse to the other eye. Current diagnoses included closed head injury with concussion, post-concussion syndrome with organic brain injury features, Irlen syndrome and light sensitivity, status post nasal fracture muscle contractions, vascular headaches, anxiety, depression and cervical strain. The treatment plan included Irlen lenses for light sensitivity and medications (Norco up to four times a day, Lunesta and Voltaren) and work modifications. On 2/6/15, Utilization Review noncertified a request for Irlen lenses and modified a request for Norco 5/325mg #120 to Norco 5/325mg #40 noting that Irlen lenses are experimental and investigational and citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Irlen lenses: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation *Optometry & Vision Science*, 1997 May, 74(5):298-302, PMID 9219289. *Journal of the American Optometric Association*, 1990 Oct, 61(10):789-96, PMID 2136527. *Pediatrics*, 2011 Oct, 128(4):e932-8, PMID 21930551. *Australian and New Zealand Journal of Ophthalmology*, 1990 Aug;18(3):307-12, PMID 2261178.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Irlen lenses. The *Optometry & Vision Science* article "Irlen lenses do not improve accommodative accuracy at near " (1997) concluded that the use of Irlen correction did not have any positive effect on monocular steady-state accommodation at near (PMID 9219289). *Australian and New Zealand Journal of Ophthalmology* article "A review of the use of Irlen (tinted) lenses" (1990) concluded that the literature to date presents a confused and inconsistent picture concerning the use of Irlen lenses (PMID 2261178). The literature, much of which is unpublished and difficult to obtain, is critically reviewed. Recent experimental evaluations of the lenses do not support the use of the lenses as a useful intervention for children with reading disabilities. The medical journal article "Irlen colored overlays do not alleviate reading difficulties" (2011) concluded that Irlen colored overlays do not have any demonstrable immediate effect on reading in children with reading difficulties (PMID 21930551). *Journal of the American Optometric Association* article "Irlen lenses: a critical appraisal" (1990) assessed the credibility of the Irlen lenses, Irlen's hypotheses, and the scotopic sensitivity syndrome (PMID 2136527). The analysis includes a review of 13 pro and con research papers. Of special interest is the dichotomy which developed between researchers who were Irlen participants and the professional and scientific community who required less disputable evidence. Even the former, however, failed to find scientific support for Irlen's concept of dysfunction in the discharge rate of the retinal receptor cells. Furthermore, in the absence of any evidence that it is a separate and distinct entity, it appears that the scotopic sensitivity syndrome is, in fact, a symptom complex which results primarily from various refractive, binocular, and accommodative disorders. Some of the papers which support Irlen's hypotheses provide reason to believe that there is a strong placebo effect. The medical literature do not support the use of Irlen lenses. No clinical practice guidelines support the request for Irlen lenses. Therefore, the request for Irlen lenses is not medically necessary.

Norco 5/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Hydrocodone/Acetaminophen Page 91.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-

through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The neurological primary treating physician's progress report dated 1/2/15 documented a history of nasal fracture, epistaxis, closed head injury with concussion, post-concussion syndrome, organic brain injury, nasal surgery, muscle contractions and vascular headaches, right eye injury and blindness, cervical strain and chronic cervical pain. Norco 5/325 mg four times a day for pain was prescribed. The neurological primary treating physician's progress report dated 1/16/15 documented a history of chronic cervical disc disease. The otolaryngology report dated 1/23/15 documented a history of nasal fracture and malar fracture with alar collapse, hip sprain and strain, knee sprain and strain. The neurological primary treating physician's progress report dated 2/13/15 documented chronic pain and the prescription of Norco 5/325 mg four times a day for pain. Medical records document objective evidence of pathology. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Hydrocodone / Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request for Norco (Hydrocodone/Acetaminophen) is supported by the MTUS guidelines. Therefore, the request for Norco 5/325 mg is medically necessary.