

<b>Case Number:</b>	CM15-0032893		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	03/18/2008
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 injured worker is a 51 year old male, who sustained an industrial injury on March 18, 2008. The injured worker had sustained a left eye injury. The diagnoses have included contusion of the eyeball, superficial injury of the conjunctiva, vitreous hemorrhage, chronic eye pain, post traumatic headaches, depression and a history of a retinal detachment. Treatment to date has included pain medication, eye drops and psychiatric evaluations. Physical examination of the left eye dated October 17, 2014 notes the left pupil to be irregular and there was evidence of optic atrophy on the fundoscopic examination. Current documentation dated January 23, 2015 notes that the injured worker complained of chronic left eye pain. No Physical examination was noted. On February 2, 2015 Utilization Review non-certified a request for Hydrocodone /acetaminophen 10/325 mg # 30 and Sprix 15.75 mg # 15. The MTUS, Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 10/325mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. It is also not adequately studied for eye pain. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone since at least 8/2014. There is no indication of pain score response to Tylenol use/failure. The continued use of Hydrocodone is not medically necessary.

**Sprix 15.75mg #15:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 445-450, Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** Sprix is a topical NSAID used as a nasal inhaler. Topical NSAIDs have not been studied for facial and eye related pain. They are not indicated for long-term use. The ACOEM guidelines allow for topical NSAIDs for eye radiation burns, corneal injuries and reduction of post-operative inflammation. In this case, the claimant's injuries was years ago and the recent foreign body exposure was 5 months ago. The Sprix is not medically indicated for chronic use and is not medically necessary.