

Case Number:	CM14-0143720		
Date Assigned:	09/12/2014	Date of Injury:	01/23/2004
Decision Date:	10/14/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/04/2014

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 Ophthalmology 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:

This is a 70-year-old male with a 1/23/04 date of injury. The specific mechanism of injury was not described. The patient was diagnosed with primary open-angle glaucoma. On 5/13/14 [REDACTED] Patient Care Report, the patient complained of shortness of breath with cardiac related symptoms. Past medical history was significant for congestive heart failure, COPD, hypertension and TIA. Current medications were Lotensin, Tenormin, Lipitor and Loniten. 11/27/13 progress note documented the patient was last seen in 3/2012 and was using Latanoprost in both eyes 3 times a week. He had a history of branch vein occlusion in the left eye years ago. He had visual field loss in both eyes with baseline intraocular pressure of 24 and 21 in the right and 16 in the left. On examination, there was 1+ cortical cataract and 1+ anterior subscapular cataract on both eyes. There were focal laser scars on the left eye. Treatment requests were Latanoprost (Xalatan) in both eyes once a day at night, visual field test and follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lantanoprost: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.mayoclinic.org/drugs-supplements/lananoprost-ophthalmic-route/description/drg-20064474>, last updated 6/1/14

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/mmx/latanoprost.html>, Title: Latanoprost (Ophthalmic). Commonly used brand name(s): Xalatan. Category: -Antiglaucoma agent (ophthalmic) - antihypertensive, ocular Indications Accepted -Glaucoma, open-angle (treatment) or - Hypertension, ocular (treatment)--Latanoprost is indicated in the treatment of open-angle glaucoma or ocular hypertension in patients who are intolerant of ot

Decision rationale: Medical necessity for Latanoprost is not established. CA MTUS does not address this issue. FDA indicates that Latanoprost helps reduce intraocular pressure. This medication is indicated for open-angle glaucoma and ocular hypertension. Medical report dated 11/27/13 documented the patient was suffering from glaucoma and was using Latanoprost. Prior intraocular pressure was 24 and 21 in the right and 16 in the left. A visual field test and a follow-up visit after 6 months was requested; however there is no documentation that the patient was reexamined. The recent intraocular pressure was not provided. There is lack of evidence suggesting functional benefit from this medication. In addition, there was no discussion what eye injury the patient sustained.