MAXIMUS Federal Services

Case Number:	CM15-0111058		
Date Assigned:	06/17/2015	Date of Injury:	07/21/2000
Decision Date:	08/04/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/09/2015

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: Illinois
Certification(s)/Specialty: Ophthalmology

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 57 year old female, who sustained an industrial injury on 7/21/2000, resulting in a school bus door closing on her. The injured worker was diagnosed as having exophthalmos both eyes, dry eyes, and ectropian both eyes. Treatment to date has included ophthalmic evaluations and eye drops. Currently, the injured worker complains of ectropian, left eye greater than right. She was currently using artificial tears, Nevanac, and Restasis. Ocular exam noted visual acuity 20/60 right and 20/70 left. Applanation tension was within normal limits in both eyes. External exam noted ectropian of both lower lids. It was documented that she must continue regimen for dry eyes and surgical intervention was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nevanac eye drops for chronic eye irritation, quantity unspecified: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Eye Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Ophthalmology Preferred Practice Pattern.

Decision rationale: Nevanac is a topical NSAID which is approved for controlling pain and inflammation after cataract surgery. It is not a recommended long term treatment for dry eyes. Therefore, its use in this patient is not medically necessary.

Restasis for dry eyes, quantity unspecified: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph, Restasis (Cyclosporine).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Ophthalmology Preferred Practice Pattern.

Decision rationale: Restasis (cyclosporin) eye drops are approved for the treatment of chronic dry eyes. This patient has dry eyes that requires daily use of artificial tears. Therefore, the use of Restasis in this patient is medically necessary and appropriate.