

Case Number:	CM15-0129742		
Date Assigned:	07/16/2015	Date of Injury:	02/01/2008
Decision Date:	08/12/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/06/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

The injured worker is a 56 year old female who sustained an industrial /work injury on 2/1/08. She reported an initial complaint of bilateral arms, wrists, and neck pain. The injured worker was diagnosed as having sprain of shoulder, cervical spondylosis, rotator cuff syndrome, tenosynovitis of hand/wrist, contracture of joint, sprain of neck, and severe depression. Treatment to date includes medication, injections to wrists, and diagnostics. MRI results were reported to demonstrate spondylosis at C5-6 with disc protrusion at C6-7. Currently, the injured worker complained of bilateral wrist and neck pain. Per the primary physician's report (PR-2) on 4/11/15, exam noted decreased range of motion of the neck, flexion, extension, rotation and tilt are at 15 degrees each, significant spasm on the bilateral trapezius muscle, profoundly weak on both wrists, tendon reflexes are absent in elbows and wrists. There is a history of Bell's palsy and has a drooping right eye. The requested treatments include Prednisolone SUS 1% OP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prednisolone SUS 1% OP Qty 10 with 1 refill (pharmacy purchase): Upheld

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 Official Disability Guidelines (ODG) Eye, Steroids (preoperative).

Decision rationale: ODG states "Recommended. Non-steroidal anti-inflammatory drugs (ketorolac), steroids (fluorometholone) for 1 month before trabeculectomy surgery were both associated with improved trabeculectomy outcomes in terms of likelihood of postoperative needling, in comparison to placebo (artificial tears). In the steroid group, there was a significantly reduced need for additional postoperative IOP-lowering medication compared with the other groups. (Breusegem, 2010)" The treating physician has not provided documentation of object findings or subjective complaints to either eye. The rationale behind this request is unclear. As such, the request for Prednisolone SUS 1% OP Qty 10 with 1 refill (pharmacy purchase) is not medically necessary.