
Notice of Independent Medical Review Determination

Dated: 9/19/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

5/14/2013

4/1/2013

5/23/2013

CM13-0000458

- 1) MAXIMUS Federal Services, Inc. has determined the requested 1 prescription of Bacitracin-Polymyxin ointment **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested 1 prescription of Ciprfloxacin eye drops **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested 1 prescription of Augmentin 500mg #20 **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/23/2013 disputing the Utilization Review Denial dated 5/14/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/18/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the requested 1 prescription of Bacitracin-Polymyxin ointment **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested 1 prescription of Ciprofloxacin eye drops **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested 1 prescription of Augmentin 500mg #20 **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated May 16, 2013

" Records provided indicated the patient has been seeking treatment for a right eye injury. An evaluation was provided on 4/8/2013 by [REDACTED], MD that gave subjective findings which included no pain, trace photophobia and inflammation in his right eye, blurred vision with ointment which was 20/20 minus. Objective findings included a healing laceration of this conjunctiva, clear and retinal edema in his right eye and resolved inferior punctate erosion. His diagnosis was an ocular contusion, intrascleral foreign body, conjunctival laceration, retinal edema, ocular inflammation and ocular pain. His treatment recommendations were to decrease gentamycin eye ointment to every 12 hours, decrease bacitracin-polymyxin B eye ointment to every 12 hours, and decrease ciprofloxacin eye drops to every 12 hours. These were all requested again on 5/9/2013 and an additional request for Augmentin was made. He remained off work per the evaluation."

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (dated 5/23/2013)
- Utilization review from [REDACTED] (dated 5/16/2013)
- Medical Records from Dr. [REDACTED] (dated 4/1/13)

- Medical Record from Dr. [REDACTED] (dated 4/1/13)
- Medical Records from Dr. [REDACTED] (dated 4/1/13-5/15/13)
- Official Disability Guidelines (ODG) (latest version) Procedure-Eye
- Official Disability Guidelines (ODG) (latest version) Procedure-Infectious Diseases & Skin and Soft Tissue infections

1) Regarding the request for 1 prescription of Bacitracin-Polymyxin ointment:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (latest version) Procedure-Eye, Antibiotic Therapy, a medical treatment guideline that is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that no section of the Medical Treatment Utilization Schedule (MTUS) was applicable. The Expert Reviewer found no applicable and relevant Medical Treatment Guideline, Nationally Recognized Professional Standard, or Expert Opinion. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on generally accepted standards of medical practice.

Rationale for the Decision:

The employee was injured on 4/1/13 and has experienced inflammation in his right eye and blurred vision. The medical records provided for review indicate that the employee has diagnoses of ocular contusion, intrascleral foreign body, conjunctival laceration, retinal edema, ocular inflammation and ocular pain. The record indicates that the employee has been treated with bacitracin-polymyxin and has been recommended to decrease its use. The request was submitted for one prescription of bacitracin-polymyxin.

Based on generally accepted standards of practice, it is standard and customary in the setting of traumatic eye injuries to provide broad-spectrum prophylaxis to prevent infection, especially when the eye wall is weakened and endophthalmitis is a possibility. Bacitracin is bactericidal and particularly effective against the kinds of Gram-positive organisms in traumatic wounds. The request for one prescription of bacitracin-polymyxin ointment is medically necessary and appropriate.

2) Regarding the request for a1 prescription of Ciprfloxacin eye drops:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (latest version) Procedure-Eye, Antibiotic Therapy, a medical treatment guideline that is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that no section of the Medical Treatment Utilization Schedule (MTUS) was applicable. The Expert Reviewer found no applicable and

relevant Medical Treatment Guideline, Nationally Recognized Professional Standard, or Expert Opinion. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on generally accepted standards of medical practice.

Rationale for the Decision:

The employee was injured on 4/1/13 and has experienced inflammation in his right eye and blurred vision. The medical records provided for review indicate that the employee has diagnoses of ocular contusion, intrascleral foreign body, conjunctival laceration, retinal edema, ocular inflammation and ocular pain. The record indicates that the employee has been treated with bacitracin-polymyxin and has been recommended to decrease its use. The request was submitted for one prescription of ciprofloxacin eye drops.

Based on generally accepted standards of practice, it is standard and customary for broad-spectrum topical antibiotics to be given in the setting of traumatic globe injuries. In addition, a high rate of resistance of ocular flora isolates to second-generation fluoroquinolones such as ciprofloxacin has been demonstrated by the Ocular TRUST studies. The request for one prescription of ciprofloxacin eye drops is medically necessary and appropriate.

3) Regarding the request for 1 prescription of Augmentin 500mg #20:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (latest version) Procedure-Infectious Diseases & Skin and Soft Tissue infections, which is a Medical Treatment Guideline (MTG), which is not a part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines provided by the Claims Administrator. The Expert Reviewer stated that no evidence-based guidelines exist that specifically address antibiotic prophylaxis in the setting of ocular trauma that is non-penetrating to the eye.

Rationale for the Decision:

The employee was injured on 4/1/13 and has experienced inflammation in his right eye and blurred vision. The medical records provided for review indicate that the employee has diagnoses of ocular contusion, intrascleral foreign body, conjunctival laceration, retinal edema, ocular inflammation and ocular pain. The record indicates that the employee has been treated with bacitracin-polymyxin and has been recommended to decrease its use. The request was submitted for one prescription of Augmentin 500mg#20.

Based on generally accepted standards of practice, Augmentin (amoxicillin/clavulanate) is an appropriate choice for prophylaxis of post-traumatic endophthalmitis as it is a broad-spectrum antibiotic that has a low propensity to select for resistance mutations. The request for one prescription of Augmentin 500mg #20 is medically necessary and appropriate.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.