

<b>Case Number:</b>	CM13-0024916		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	10/28/2011
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in orthopedic surgery 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 physician 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.

### 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 patient is a 56-year-old who was injured on 10/28/11 with recent clinical records for review including a 06/21/13 assessment stating improved pain control about the left wrist and forearm with physical examination showing the left shoulder to be with no joint asymmetry or atrophy with 110 degrees of motion with limited internal rotation. The left wrist was with mild swelling and no tenderness noted. The claimant was diagnosed with the following: myofascial pain syndrome, wrist tenosynovitis, chronic pain syndrome, and rotator cuff syndrome. Recommendations at that time were for continuation of medications in the form of Neurontin, Celebrex, Tramadol, and Vitamin B supplementation. Formal imaging is unavailable for review. At present, there is a request for use of Hydrochlorothiazide in this case.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HCTZ 25mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: diabetes procedure- Hypertension treatment.

**Decision rationale:** California MTUS Guidelines are silent. When looking at the Official Disability Guidelines, hypertension treatment is supportive in the diabetic situation based on

Official Disability Guidelines parameters. Medications such as Thiazide diuretics are considered first line indicators for hypertensive treatment. However, in this case, there is nothing to support or document the claimant's hypertension as a direct result of injury related to accident of 10/28/11. The continued use of hypertensive medication in response to the claimant's work related injury, thus, would not be indicated.