

Case Number:	CM14-0000501		
Date Assigned:	01/10/2014	Date of Injury:	02/29/1996
Decision Date:	06/24/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/02/2014

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 Occupational Medicine 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:

The patient is a 67-year-old female who has filed a claim for lumbar spinal stenosis associated with an industrial injury date of February 29, 1996. Review of progress notes indicates anterior neck, low back, and right hip pain. Patient also has paroxysmal atrial fibrillation, COPD, restrictive lung disease, diaphragmatic paralysis, and chronic major depression. Patient notes that the low back pain feels like it is radiating up to the head and causing a migraine. Patient also has shortness of breath for which oxygen is being used. Findings include an oxygen saturation of 92%, blood pressure of 146/82 mmHg, pulse rate of 58 bpm, normal cardiovascular examination, and decreased breath sounds in the right lung base with wheezing upon forced expiration. Regarding the cervical spine, findings include tenderness of the cervical region and painful range of motion. Regarding the right hip, there was tenderness of the trochanteric bursa. Treatment to date has included Cymbalta, digoxin, dilt-CD, Dulera, Fluticasone, furosemide, clotrimazole, levofloxacin, Nexium, opioids, ranitidine, Relpax, Zomig, muscle relaxants, physical therapy, and Botox injections. Patient had left first rib resection in January 2003, and right first rib resection in March 2005 with complications, which include phrenic nerve paralysis. Utilization review from December 11, 2013 denied the request for furosemide 20mg tablets once a day for 30 days with 4 refills, Lasix 20mg tablets for 30 days with 6 refills, and potassium chloride ER 10 mEq once a day for 30 days with 11 refills as there are no findings on examination to support the need for Lasix.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUROSEMIDE (LASIX) 20 MG TABLETS ONCE A DAY FOR 30 DAYS WITH 4 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/15089816>

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: FDA, Lasix (furosemide).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, FDA was used instead. According to FDA, Lasix is indicated for the treatment of edema associated with congestive heart failure, cirrhosis, and renal disease; and for hypertension. It is a potent diuretic which can lead to profound diuresis with water and electrolyte depletion. In this case, patient has been on this medication since March 2013 for edema. However, progress notes since August 2013 do not document edema, or diagnoses of heart failure, cirrhosis, renal disease, or hypertension. Recent findings do not document any cardiovascular or peripheral extremity abnormalities. There is no indication for a diuretic at this time. The requested quantity is not specified. Therefore, the request for furosemide 20mg tablets once a day for 30 days with 4 refills was not medically necessary per the guideline recommendations of FDA.

LASIX (FUROSEMIDE) 20 MG TABLETS, 30 DAYS WITH 6 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pubmed/15089816>

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: FDA, Lasix (furosemide).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, FDA was used instead. According to FDA, Lasix is indicated for the treatment of edema associated with congestive heart failure, cirrhosis, and renal disease; and for hypertension. It is a potent diuretic which can lead to profound diuresis with water and electrolyte depletion. In this case, patient has been on this medication since March 2013 for edema. However, progress notes since August 2013 do not document edema, or diagnoses of heart failure, cirrhosis, renal disease, or hypertension. Recent findings do not document any cardiovascular or peripheral extremity abnormalities. There is no indication for a diuretic at this time. The requested quantity is not specified. Therefore, the request for Furosemide 20mg tablets once a day for 30 days with 6 refills was not medically necessary per the guideline recommendations of FDA.

POTASSIUM CHLORIDE ER 10 MEQ CPC, ONCE A DAY FOR 30 DAYS WITH 11 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pubmed/18611341>.

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: FDA (potassium chloride extended-release tablets)

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, FDA was used instead. According to FDA, potassium chloride is used for the treatment of patients with hypokalemia, in digitalis intoxication, with hypokalemic familial periodic paralysis, or for the prevention of hypokalemia in patients who would be at particular risk if hypokalemia were to develop. If hypokalemia is the result of diuretic therapy, consideration should be given to the use of a lower dose of diuretic. This preparation should be reserved for patients who cannot tolerate liquid or effervescent potassium preparations because of reports of intestinal and gastric ulceration and bleeding. In this case, there is no laboratory finding or symptoms indicating hypokalemia. Also, the request for Furosemide was not authorized. There is also no indication that the patient is unable to tolerate a different preparation of potassium chloride. The requested quantity is not specified. Therefore, the request for potassium chloride ER 10 mEq once a day for 30 days with 11 refills was not medically necessary per the guideline recommendations of FDA.