

<b>Case Number:</b>	CM14-0129815		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	05/23/2013
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Internal Medicine has a subspecialty in and is licensed to practice in California, Colorado, Kentucky, and North Carolina. 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 injured worker is a 53 year old male who had a work related injury on 05/23/13. He was asked to help move a large printer to the car of a customer, wheeled a large box printer weighing approximately 80-100 pounds on a dolly to the car of a customer. He stumbled into the dolly hurting his bilateral shins and ankles. The injured worker managed to maintain his balance but immediately felt wetness in his right leg and severe pain in the left leg. Once the printer was in the car the injured worker returned the dolly and went to the break room where he noted a deep laceration on the right leg at the mid shin on the right and profound bleeding. He noted severe swelling in both legs and severe pain. On 05/27/13 when he was referred to the urgent care where they proceeded with wound care, he was diagnosed with cellulitis and possible staph infection. He was prescribed antibiotics, pain medication, and prednisone. During a physical therapy session he was noted to have severe swelling and he was advised to go to the emergency room at [REDACTED]. While in hospital his blood pressure was noted to be very high and he was hospitalized for a few days. He was seen by multiple specialists, including nephrologist, dermatologist, and infectious disease. He was then referred to vascular surgeon who immediately diagnosed the injured worker with lymphedema. Recommended compression stockings and physical therapy and no surgery. Most recent clinical documentation submitted for review dated 08/01/14 the injured worker came in continuing to complain of low back pain bilateral, radiating to both buttocks. Bilateral knee soreness, pain from knees down and swelling in the right more than the left leg. He complained of shooting pain down through the shins to the ankles. He complained of ankle pain bilaterally and that both ankles were weak and of increased frequency of urination, going to the bathroom during the day two to three times an hour. He said his blood pressure had not been controlled and was maintained around 150/95. Current

medication was losartan 100mg once a day, spironolactone 50mg a day, potassium chloride 20mg equivalence once a day. Neurological examination height 6'4". Weight 229. Blood pressure 149/100. Bilateral lower extremities exhibited 2+ pitting edema starting at the mid-calf, cyanotic discoloration of bilateral legs from below the knees, lumbar spine exam, fair paravertebral muscle tenderness bilaterally. Straight leg raise signs negative bilaterally. Range of motion flexion 60 degrees, extension 25 degrees lateral bending 25 degrees bilaterally. No palpable lymph nodes at the groin. No swelling at the knees. Pain on range of motion of the knees and ankles. Motor examination revealed no pronator drift, individual muscle testing 5/5 throughout except for decreased abduction of intrinsic feet muscles. Decreased vibration sense and temperature sensation in bilateral lower extremities deep tendon reflexes 2+, absent ankle jerks bilaterally. Negative Babinski. Gait was normal. Positive Romberg and abnormal tandem walk. Diagnosis status post laceration of both legs. Post-traumatic lymphedema hypertension due to use of medication, stress. Erectile dysfunction due to stress. Sleep impairment due to pain and increased frequency of urination. Knees ankle knees, ankle pain, swelling, changing color. Prior utilization review on 08/11/14 was non-certified. Current request was for potassium chloride 20mg equivalence three month supply #90 Lasix 20mg three month supply #180.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Potassium Chloride 20 meq ( 3 month supply) #90:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/lasix.html> and [http://www.drugs.com/potassium\\_chloride.html](http://www.drugs.com/potassium_chloride.html)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Potassium Chloride (2013). In Physicians' desk reference 67th ed.

**Decision rationale:** The request for Potassium Chloride 20 meq ( 3 month supply) #90 is medically necessary. There is no clinical evidence that the injured worker has potassium insufficiency, but he is taking Lasix which could produce potassium insufficiency, as such, medical necessity for Potassium Chloride 20 meq ( 3 month supply #90) has been established.

**Lasix 20mg (3 months supply) #180:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Diabetes, Hypertension treatment. Recommended medication step therapy for hypertension: After Lifestyle (diet & exercise) modifications.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lasix (2013). In Physicians' desk reference 67th ed.

**Decision rationale:** The request for Lasix 20mg(3 months supply) #180. Is medically necessary. The clinical information submitted for review does not support the request. The injured worker is hypertensive. Lasix treats fluid retention in people with congestive heart failure, liver disease, or a kidney disorder. This medication is also used to treat hypertension. As such, medical necessity for Lasix 20 mg (3 months supply, #180) has been established.