

<b>Case Number:</b>	CM14-0147591		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	03/05/2003
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Family Medicine and is licensed to practice in Texas and Mississippi. 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 42-year-old female who reported an injury on 03/05/2003. The mechanism of injury involved heavy lifting. Current diagnoses include lumbosacral neuritis, degeneration of lumbosacral intervertebral disc, and sprain/strain of the lumbar region. The previous conservative treatment is noted to include medications, TENS therapy, and physical therapy. The injured worker was evaluated on 08/06/2014. The current medication regimen includes Norco, Klonopin, Gabapentin, Ditropan XL, Lasix, Mirapex, Mobic, and Skelaxin. Physical examination revealed reduced sensation to pin prick in the right lower extremity, increased sensitivity above the knee on the right, marked reduction of pin sensation on the left, diminished motor strength in the lower extremities, and normal deep tendon reflexes. Treatment recommendations at that time included continuation of the current medication regimen and a urine toxicology screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for furosemide (Lasix) 20mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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: California MTUS/ACOEM Practice Guidelines do not specifically address the requested medication. Official Disability Guidelines do not specifically address the requested medication. [www.nlm.nih.gov](http://www.nlm.nih.gov). U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 24 Sept 2014. Furosemide, a 'water pill,' is used to reduce the swelling and fluid

**Decision rationale:** According to the U.S. National Library of Medicine, Lasix is a water pill that is used to reduce the swelling and fluid retention caused by various medical conditions including heart or liver disease. It is also used to treat high blood pressure. The injured worker has continuously utilized this medication since 02/2014. While it is noted that the injured worker utilizes Lasix for swelling of the lower extremities, there was no objective evidence of lower extremity edema. The medical necessity for the ongoing use of this medication has not been established. There is also no frequency listed in the request. As such, the request is not medically appropriate.

**1 prescription for mobic (meloxicam) 7.5mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72..

**Decision rationale:** California MTUS Guidelines state NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDS are recommended as a second line option after acetaminophen. The injured worker has continuously utilized this medication since 08/2013. There is no documentation of objective functional improvement. California MTUS Guidelines do not recommend long term use of NSAIDS. There is also no frequency listed in the request. As such, the request is not medically appropriate.

**1 prescription for omeprazole (prilosec) 20mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. Therefore, the injured worker does not meet criteria for the requested medication. There is also no frequency listed in the request. As such, the request is not medically appropriate.