

Case Number:	CM14-0175308		
Date Assigned:	10/27/2014	Date of Injury:	11/12/2001
Decision Date:	12/10/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/21/2014

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 Nephrology 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:

This is a 68-year-old female with an 11/12/2001 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/23/14 noted subjective complaints of persistent neck pain radiating to both shoulders. Objective findings included moderate cervical spasms and decreased range of motion (ROM). It is noted that the patient is on Furosemide for venous stasis disease. Diagnostic Impression: Myofascial pain with acute cervical spasm Treatment to Date: Medication management, TENS unit, and s/p cervical fusionA UR decision dated 9/29/14 denied the request for Furosemide 40 mg 2 for 2 days, 1 for 1 day #60. The documentation does not indicate that the requesting provider is treating this patient for hypertension. The patient was advised back to her cardiologist for heart medications. A prescription for Furosemide from the patient's pain management doctor is not considered medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Furosemide 40mg 2 for 2 days, 1 for 1 day #60: 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: FDA (furosemide)

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) do not address this issue. The FDA states that Furosemide is used to treat fluid retention (edema) in patients with congestive heart failure, liver disease or a kidney disorder such as nephrotic syndrome. It is also used to treat high blood pressure. However, in the provided documents available for review, it is noted that Furosemide is being utilized to treat venous stasis disease. There is no mention of any of the above medical conditions which would warrant use of Furosemide. Furthermore, there is no mention of failure of non-medicinal interventions such as compression stockings to treat venous stasis. Therefore, the request for Furosemide 40 mg 2 for 2 days, 1 for 1 day #60 was not medically necessary.