

Case Number:	CM14-0056609		
Date Assigned:	07/09/2014	Date of Injury:	08/02/2011
Decision Date:	08/29/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/28/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 59-year-old male who has submitted a claim for lower leg osteoarthritis associated with an industrial injury date of August 2, 2011. Medical records from 2013 to 2014 were reviewed. The patient complained of left knee pain. He is status post left knee arthroscopy with partial meniscectomy on January 20, 2012, and left total knee arthroplasty on September 18, 2013. He has a history of deep vein thrombosis and is a known hypertensive. Physical examination showed continued lower extremity edema, improved in leg, but not in joint area; mild effusion, right knee; tenderness over the right patellar tendon and left patella; bilateral crepitation of the patella, moderate on the right and mild on the left; and decreased left knee strength. The diagnosis was left knee degenerative osteoarthritis. Treatment plan includes a request for Lasix refill. Treatment to date has included oral analgesics, physical therapy, occupational therapy, home exercises program, lymphedema therapy, left knee injections, and left knee surgeries. Utilization review from April 18, 2014 denied the request for Lasix (furosemide) 20mg bottle of 100 tabs because there was no indication for the current intake of the said medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lasix 20mg bottle of 100 tabs: 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 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, the patient has been on this medication as far back as September 2013. However, there was no evidence that edema was associated with congestive heart failure, cirrhosis or renal disease. Moreover, there was no evidence that current anti-hypertensive medications failed to control hypertension. The medical necessity has not been established. There was no compelling indication for continued use of furosemide at this time. Therefore, the request for Lasix 20mg bottle of 100 tabs is not medically necessary.