

Case Number:	CM14-0059380		
Date Assigned:	07/09/2014	Date of Injury:	07/29/2012
Decision Date:	08/29/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/29/2014

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 and is licensed to practice in Maryland. 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 employee was a 39-year-old female with the date of injury on 7/29/12. The mechanism of injury was slipping, falling and landing on her buttocks in the sitting position while walking into the freezer. She subsequently developed back pain. She was initially treated conservatively with physical therapy and medications with work restrictions. In October of 2012 she was seen by orthopedic physician and was diagnosed with lumbar spine disc herniation, degenerative joint disease, lumbar myalgia, lumbar spasm, neuritis and radiculitis. Her prior treatment included 2 epidural steroid injections. In the Internal medicine consultation note from April 21, 2014 there was no prior pertinent medical history and her blood pressure was noted to be 116/60 mm of Hg. On examination she was found to have no edema in her lower extremities. The diagnoses during the visit included gastritis and obesity. She was also seen by the treating provider on 2/11/14. Her subjective complaints included cervical or lumbar spine pain that was progressively getting worse. Her MRI from October of 2013 showed disc protrusions at L3-4, L4-L5 and L5-S1 levels with left-sided neural foraminal stenoses. Her blood pressure was noted to be 113/70 mm of Hg. Her diagnoses included cervical spine myoligamentous injury, lumbar spine herniated nucleus pulposus and secondary sleep deprivation. The treatment plan included physical therapy, orthopedic care and pain management consultation. The current request was for Hydrochlorothiazide 12.5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrochlorothiazide capsules, 12.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

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: WWW.DRUGS.COM - Indications of usage of Hydrochlorothiazide.

Decision rationale: According to the reference cited above, Hydrochlorothiazide tablets or indicated as a therapy in edema associated with congestive heart failure, hepatic cirrhosis, renal dysfunction and corticosteroids/estrogen therapy. They're also indicated in the management of hypertension. The employee had low back pain as well as cervical pain after an industrial injury. The other medical diagnoses noted were insomnia, gastritis and anxiety. The available medical records were reviewed and there was no documented diagnosis of hypertension. In addition there was no documentation of elevated blood pressure or edema. Hence hydrochlorothiazide 12.5 mg is not medically necessary or appropriate.