

Case Number:	CM14-0082150		
Date Assigned:	07/21/2014	Date of Injury:	10/13/2011
Decision Date:	09/18/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/03/2014

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 51-year-old female who has submitted a claim for status post operation L5 laminectomy, far lateral foraminotomies and resection of the spondylitic cartilaginous mass, posterior spinal fusion from L5-S1, and implant of pedicle screw construct with application of both locally harvested and iliac rest bone associated with an industrial injury date of October 13, 2011. The medical records from 2014 were reviewed, which showed that the patient complained of lumbar region and bilateral lower extremity pain accompanied by foot numbness and weakness. Comorbidities included lower extremity swelling stated on an examination on October 2013. Physical examination revealed preexisting lumbar degenerative disease, right knee effusion, tenderness along the medial collateral ligament, and 3-4+ laxity, and significant ligamentous disruption of the right knee. An undated electrodiagnostic test revealed possible evidence of radiculopathy. Treatment to date has included arthroscopic exploration of the right knee, postoperative aquatic therapy, chiropractic therapy, ice and heat, laminectomies, foraminotomies, fusion at L5-S1, and medications, such as Lidoderm patches, Norco, Bayer migraine medicines, Aspirin, Neurontin, Vicodin and Naprosyn. The utilization review dated May 27, 2014, denied modified request for Triamterene-Hctz 37.5/25mg CA #30 x 2 refills to just 1 refill because there was no indication for its use. The patient did not have hypertension, although she had edema. One refill was certified because abrupt discontinuation was not recommended. Most of the documents submitted contain pages with handwritten and illegible notes that were difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Triamterene-Hctz 37.5/25mg CA #30 x 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/mtm/hydrochlorothiazide-and-triamterene.html.

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:US Food and Drug Administration, Hydrochlorothiazide; Triamterene.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, Food and Drug Administration (FDA) was used instead. According to the FDA, Triamterene-Hydrochlorothiazide is indicated for the treatment of hypertension or edema in patients who develop hypokalemia on hydrochlorothiazide alone. In this case, the records do not show any evidence of hypertension. On October 2013, the patient was noted to have lower extremity swelling. Treating edema alone with long-term diuretics is not recommended under current standards of care as the etiology of the edema and other first line treatment options should be discussed prior to consideration of long term diuretics. However, documentation does not indicate evaluation of the etiology of this edema nor the failure of first line treatment. Therefore, the request for Triamterene-Hctz 37.5/25mg CA #30 x 2 refills is not medically necessary.