

<b>Case Number:</b>	CM14-0084277		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	07/01/2001
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 57-year-old female who reported an injury on 07/01/2001. The mechanism of injury was not provided within the documentation. Prior treatments are medications. The injured worker's diagnosis was noted to be reflex sympathetic dystrophy of lower limb. A clinical evaluation on 05/05/2014 found the injured worker with complaints of leg pain. The pain was described as sharp and aching. She noted symptoms had been occurring in an increasing pattern. The physical exam notes the left lower extremity inspection was without cyanosis or ulcerations, the right extremity without cyanosis or ulcerations. Upon palpation, there was tenderness noted but no edema. The treatment plan included medication management. The provider's rationale for the request was provided within the treatment plan of the clinical evaluation dated 05/05/2014. A request for authorization for medical treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lasix 20mg, 1 tablet BID for 30 days:** 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: Rxlist.com.

**Decision rationale:** The request for Lasix 20 mg 1 tablet twice a day for 30 days is not medically necessary. Lasix is indicated in adults and pediatric patients for the treatment of edema associated with congestive heart failure, cirrhosis of the liver and renal disease, including nephrotic syndrome. Lasix is particularly useful when an agent with greater diuretic potential is desired. The documentation provided for review dated 05/05/2014 indicates in the treatment plan, Lasix 20 mg 1 tablet 2 times daily quantity 60 to help with edema caused by injury sustained from working on her feet all day. Lasix is not indicated for injuries sustained with weight bearing. Therefore, the request for Lasix 20 mg 1 tablet twice a day for 30 days is not medically necessary.