

Case Number:	CM14-0103764		
Date Assigned:	09/16/2014	Date of Injury:	12/27/2008
Decision Date:	03/09/2015	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 diabetic woman who sustained a work-related injury on December 27, 2008. Subsequently, she developed chronic neck and low back pain. According to the progress report dated June 4, 2014, the patient complained of intermittent pain in the neck, rated 8/10, which radiated into the bilateral upper extremities. She also complained of intermittent pain in the mid-back, rated 6/10, and pain in the low back, rated 8/10, which radiated into the bilateral lower extremities with associated numbness and tingling. She complained of left shoulder pain as well, with associated numbness and tingling. She reported symptoms of anxiety, stress, and insomnia. Examination of the cervical spine revealed positive Spurling's and Hoffman's tests on the left and negative on the right. Cervical compression test was positive bilaterally. All the remaining orthopedic tests were negative bilaterally. Sensory examination in the upper extremities revealed diminished sensation over the left C6 and C7 dermatomes. Deep tendon reflexes were +1 at the brachioradialis and triceps on the left. The patient was diagnosed with cervical spine disc disease, cervical radiculopathy, left shoulder impingement syndrome, status post left shoulder arthroscopy in January 2011, bilateral carpal tunnel syndrome, lumbar spine disc disease, lumbar radiculopathy, right foot internal derangement, insomnia secondary to pain, Gastrosophalgeal reflux disease, disc protrusion at L4-L5 and L5-S1 with mild bilateral neural foraminal stenosis, bilateral lower extremity lumbar radiculopathy, facet arthropathy at L3 through S1 bilaterally, and disc protrusion at C5-C6 with bilateral neural foraminal stenosis. A prior request for labs for DM profile, GI profile, HTN profile, and VITD 25-OH was not certified. Blood tests were reported with no significant abnormalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrochlorothiazide 25mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/ziaac-drug.htm>

Decision rationale: Hydrochlorothiazide 25mg is a diuretic used for the treatment of HTN. There is no recent documentation that the patient have HTN that requires the addition use of Hydrochlorothiazide 25mg. A plan to document the efficacy and side effect of the drug was not provided.