

<b>Case Number:</b>	CM14-0161179		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	08/29/2010
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 California. 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 34 year old female who suffered her injury on 8/29/10 and was seen by her MD on 8/18/14. He noted that she had a nerve block on 7/29/14 and that she had had improvement in her symptoms and that there were no complications. She was still noted to have lumbar pain, right knee pain, and CRPS of the right lower extremity. She was noted to be having ongoing chiropractic treatment for her low back and right knee and that this was beneficial. Her meds included Aldactone or Spironolactone, Elavil, Hydrocodone-APAP, Naprosyn, Lunesta, Elocon, and fish oil. Her diagnoses were pain in the right lower leg, shoulder, forearm, knee, lumbago, CRPS of the right lower extremity, and psychogenic pain. He requested authorization to renew all of her medication. However; the UR denied authorizing Aldactone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of Spironolactone 50mg tablet, take 1 tablet per mouth 2 times a day (Pill count: 60 tablets with 0 refill) for management of symptoms related to lumbar spine and lower extremities injury:** 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 Up to date topic 9943 and version 119.0

**Decision rationale:** Spironolactone or Aldactone is a potassium sparing diuretic and is used to treat cirrhotic ascites, nephrotic syndrome, CHF, edema in general, hypokalemia, HBP, and primary aldosteronism. Its side effects include rash, hyperkalemia, necomastia, diarrhea, nausea, emesis, impotence, agranulocytosis, hepatotoxicity, and renal failure. Serum potassium and renal function should be monitored every 3 months on an ongoing basis. We note that the above patient has no mention of any of the indications for utilizing this medication. There is no mention in the literature about its use in the treatment of lumbar or lower extremity pain. Therefore, the UR was justified in its denial of this medicine. Therefore, this request is not medically necessary.