

<b>Case Number:</b>	CM14-0207609		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	02/11/2012
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 Rehab 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:

This 48 year-old patient sustained an injury on 2/11/12 to his index finger while employed by [REDACTED]. Request(s) under consideration include Furosemide 20mg DOS: 10/21/14 and Urine drug screen DOS: 10/21/14. The patient is s/p left index finger replantation on 2/11/12 with post-operative therapy attended from 2/21/12 to 12/19/12. The K-wires were removed on 4/9/12. Diagnoses also include posttraumatic stress syndrome. Medications list Gabapentin, Cyclobenzaprine, Ibuprofen, and Omeprazole. Report of 10/21/14 from the provider noted chronic ongoing symptoms with pain and stiffness in the left index and middle finger. Exam showed good range in the left middle digit with poor range in the left index finger; scarring over the dorsum; there was graying of the nail of the left index, but no evidence of sympathetic dystrophy. There was no change in color, but with burning sensation with decreased pain and touch sensation; left middle fingers seemed fully revascularized and nervous system was intact. Treatment included medications, replacement of protective cover for index finger and for the patient to continue working full duty. The request(s) for Furosemide 20mg DOS: 10/21/14 and Urine drug screen DOS: 10/21/14 were non-certified on 11/25/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Furosemide 20mg DOS: 10/21/14:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, CRPS treatment, pages 706-708: Edema control may also be required (elevation, retrograde sympathetic blocks, diuretics and adrenoceptor blockers when sympathetically maintained pain-SMP is present).

**Decision rationale:** The request(s) for Furosemide 20mg DOS: 10/21/14 and Urine drug screen DOS: 10/21/14 were non-certified on 11/25/14. Report has not mention for use of Furosemide. The available medical records and physician reports have not adequately addressed the specific indications for Furosemide, a diuretic that may be prescribed in the treatment of hypertension, heart failure, or edema. Submitted medical reports have not adequately assessed the medications' usage, side effects, clinical response, functional effectiveness or other failed treatment alternatives. There is no indication how long the patient has been taking this water pill medication nor is there any diagnosis of CRPS with indicated edema treatment. The Furosemide 20mg DOS: 10/21/14 is not medically necessary and appropriate.

**Urine drug screen date of service 10/21/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who is currently being prescribed non-opiates. Presented medical reports from provider have unchanged chronic pain symptoms with unchanged clinical findings. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine drug screen DOS: 10/21/14 is not medically necessary and appropriate.