

<b>Case Number:</b>	CM15-0002591		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	02/06/2006
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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 York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 injured worker is a 45 year old female who sustained an industrial injury on 4/4/2005. She has reported right hand, wrist and arm. The diagnoses have included cervical spine sprain/strain, right upper extremity complex regional pain syndrome, anxiety, depression, insomnia, hypertension and status post right carpal tunnel release and excision of right forearm ganglion cyst with recurrent epicondylitis. Treatment to date has included medication management, therapy and activity modification. She was seen by her primary treating physician on 11/21/14. Her blood pressure was 123/73 and her pulse was 113. There is no cardiac, pulmonary or extremity exam documented. Currently, the IW complains of right wrist and hand pain. The treatment plan included Furosemide 40 mg #30 and Gabapentin 300 mg #180. On 12/9/2014, Utilization Review non-certified Furosemide 40 mg #30 and Gabapentin 300 mg #180. The MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Furosemide 40mg #30:** 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 uptodate: drug information furosemide

**Decision rationale:** This worker has chronic pain and hypertension with an injury sustained in 2005. The medical course has included numerous diagnostic and treatment modalities including surgery and use of several medications. At issue in this review is the request for a refill of furosemide. The medical note of 11/14 does not substantiate a rationale for the medication and the only diagnosis documented is hypertension. There is no documentation of congestive heart failure or edema which furosemide can be used to treat. The exam shows well controlled blood pressure and tachycardia but the exam does not include a cardiovascular or pulmonary exam. The medical records fail to document a rationale or a discussion of side effects to justify use. The medical necessity of furosemide is not substantiated in the records.

**Gabapentin 300mg #180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26 Page(s): 16-22.

**Decision rationale:** This worker has chronic pain with an injury sustained in 2005. The medical course has included numerous diagnostic and treatment modalities including surgery and use of several medications including gabapentin. Per the guidelines, gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. For chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of gabapentin. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects. The medical records fail to document any improvement in pain, functional status or a discussion of side effects to justify use. The medical necessity of gabapentin is not substantiated in the records.