

<b>Case Number:</b>	CM15-0003466		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	02/21/1998
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 male patient, who sustained an industrial injury on 02/21/1998. An orthopedic follow up visit dated 10/22/2014 reported not having seen the patient in two years, but he presented with complaints of bilateral knee pain. He stated his knees are very tender. Physical examination found him moving slowly, cautiously complaining of deep aching pain and discomfort. He has palpable crepitus, tenderness about both joint lines, but ligament stability is noted intact. The physician recommends only working with continued conservative care as it has worked fairly well for the patient. A request noted made for injections. On 12/10/2014 utilization Review non-certified a request for Lasix and Act Medication Kit, noting only FDA Guidelines were cited. On 01/07/2015 IMR application was received for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Act Med Kit (Retro - DOS 10/22/14): 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 Pain Outcomes and Endpoints Page(s): 8.

**Decision rationale:** This patient presents with bilateral knee pain. The request is for ACT MED KIT (retro-dos 10/22/14). This appears to be a first aid kit or even possibly medication container kit of some sort. The progress reports provided do not show the patient's work status and no treatment history is provided. MTUS, ACOEM, and ODG guidelines do not address this request. The treater does not explain why this kit is being requested. Review of the reports do not show any implied reasons. No guidelines can be found regarding this request. In this case, MTUS page 8 require that the treating physician provide monitoring of the patient's progress and make appropriate recommendations. The treater does not discuss the request, and no rationale is provided. The request IS NOT medically necessary.

**Furosemide 20mg (Retro - DOS 10/22/14) QTY: 1.00:** 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 WebMD: FUROSEMIDE

**Decision rationale:** This patient presents with bilateral knee pain. The request is for Furosemide 20mg (retro-dos 10/22/14). MTUS, ACOEM, and ODG guidelines do not address regarding Furosemide. WebMD states 'Furosemide is used to reduce extra fluid in the body (edema) caused by conditions such as heart failure, liver disease, and kidney disease.' Furosemide is a water pill (diuretic) that causes you to make more urine."In this case, the patient complains of bilateral knee pain but the treater does not discuss any other symptoms or diagnoses that this medication may be indicated for. This medication is not indicated for the treatment of knee problems. There is no diagnosis of HTN, or edema. The request IS NOT medically necessary.