

Case Number:	CM15-0134286		
Date Assigned:	07/22/2015	Date of Injury:	05/02/2008
Decision Date:	08/18/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/10/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 was a 75 year old male, who sustained an industrial injury, May 2, 2008. The injury was sustained when the injured worker was stepping down out of a golf cart and the left foot slipped on wet sand strewn on top of a concrete surface. The injured worker fell on his buttocks. The injured worker tried to hold onto the golf cart with the left arm but was unable to hold to do so and injured the left shoulder. The injured worker previously received the following treatments Diovan, Vytarin, Lasix, Ultram, Actos, Januvia, Robaxin, Lantus insulin, Clopidrogel, Docusate, Simvastatin, Tramsulosin, Vitamin D36 sessions of acupuncture with limited benefit, chiropractic services with temporary benefit, 6 sessions of physical therapy, lumbar spine MRI on December 8, 2014, rolling walker and left shoulder MRI. The injured worker was diagnosed with left shoulder with early signs of frozen shoulder, lumbar spine with sign and symptoms of bilateral sciatica. According to progress note of April 20, 2015, the injured worker's chief complaint was left shoulder pain. The pain was constant. The pain was aggravated by activity, pulling, pushing and reaching at or above the shoulder level or sleeping on the left shoulder. The injured worker described the pain as dull and moderate to severe in severity. The injured worker rated the pain at 8-9 out of 10 intensity without medications. The injured worker reported that recently the pain was worse. The physical exam noted tenderness with palpation in the coccyx region. The range of motion of the lumbar spine was moderately limited secondary to pain. The pain was significantly increased with flexion and extension. The sensory exam showed decreased sensitivity to touch in a stocking glove distribution of the feet in both lower extremities. The straight leg rises in a seated position and fully extended was

negative for radiculopathy bilaterally. The treatment plan included prescription renewals for Hydrochlorothiazide and Losartan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrochlorothiazide 12.5mg, #30, 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Procedures Summary Online version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/hctz.

Decision rationale: This 75 year old male has complained of low back pain and left shoulder pain since date of injury 5/2/08. He has been treated with chiropractic therapy, physical therapy and medications. The current request is for Hydrochlorothiazide. Hydrochlorothiazide is a medication used to treat hypertension. There is no documentation in the available medical records of a diagnosis of hypertension. On the basis of the available medical records and per the guidelines cited above, hydrochlorothiazide is not indicated as medically necessary.

Losartan 50mg, #30, 1 refill: 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 www.drugs.com/losartan.

Decision rationale: This 75 year old male has complained of low back pain and left shoulder pain since date of injury 5/2/08. He has been treated with chiropractic therapy, physical therapy and medications. The current request is for Losartan. Losartan is a medication used to treat hypertension, diabetic nephropathy and proteinuria. There is no documentation in the available medical records of any of these diagnoses. On the basis of the available medical records and per the guidelines cited above, losartan is not indicated as medically necessary.