

<b>Case Number:</b>	CM15-0181020		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	03/09/2001
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 74 year old female who sustained an industrial injury on 3-9-01. A review of the medical records indicates she is undergoing treatment for chronic low back pain, status post L2-L3, L3-L4, L4-L5, and L5-S1 posterior lumbar interbody fusion 12-6-07 with removal of 2 pedicle screws June 2008, removal of posterior fusion hardware 9-21-09, lateral T11-L1 fusion early 2014, successful spinal cord stimulator implant 10-17-11, revision November 2013, nonfunctioning spinal cord stimulator since November 2013 revision secondary to malposition of epidural leads and disconnect of SCFS leads, reactionary depression and anxiety, medication-induced gastritis, and T10-11 transthoracic interbody fusion 6-3-15. Medical records (6-3-15 to 7-31-15) indicate continued pain following her surgical procedure. The progress note (7-31-15) indicates she "has not noticed any pain relief or increased stability" since her surgery on 6-3-15. She reports "lateral pain" and is requesting replacement of the spinal cord stimulator. Objectively, the treating provider notes that the injured worker is sitting in a wheelchair. Examination of the posterior thoracolumbar spine reveals tenderness to palpation bilaterally with increased muscle rigidity. She is also noted to have "significant kyphotic deformity". Decreased range of motion of flexion and extension is noted. Straight leg raise is positive bilaterally (7-31-15). The 6-3-15 exam reveals a clear chest to auscultation and regular heart rhythm. No evidence is noted of cyanosis or pitting edema in the lower extremities. The 6-18-15 hospital discharge summary reveals no jugular vein distention, clear lungs to auscultation and percussion, and regular heart rate and rhythm. Her medications include Roxicodone, Ultracet, Valium, and Neurontin. The utilization review (9-2-15) includes a request for authorization of Lasix 20mg every 8 hours as needed #30. The request was deemed not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lasix 20mg 1 tab q8h prn #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/2185908>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines, Lasix 20 mg one PO every eight hours as needed #30 is not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and community is not simply for screening purposes. In this case, the injured worker's working diagnoses are chronic low back pain; status post L2-L3, L3-L4, L4-L5 and L5-S1 posterior lumbar interbody fusion with removal of two pedicle screws; lateral T11-L1 fusion; successful spinal cord stimulator implant; nonfunctioning spinal cord stimulator since November 2013; reactionary depression/anxiety; medication induced gastritis; and T10-T11 transthoracic interbody lateral fusion. According to a progress note dated July 31, 2015 by the primary treating provider, the documentation indicates the injured worker has been doing poorly since losing a functional spinal cord stimulator. Since the recent lateral interbody fusion the injured worker was getting 50% to 70% pain relief. Medications include OxyContin, Norco, Roxicodone, Ultracet, Valium and Neurontin. There is no Lasix documented in the record. Additional complaints are muscle spasms and anxiety and neuropathic symptoms. Objectively, there is tenderness to palpation at the posterior thoracolumbar spine with significant kyphotic deformity. There is positive straight leg raising. There is no clinical indication or rationale for Lasix 20 mg. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no clinical indication or rationale for Lasix 20 mg, Lasix 20 mg one PO every eight hours as needed #30 is not medically necessary.