

Case Number:	CM15-0197343		
Date Assigned:	11/05/2015	Date of Injury:	06/28/2007
Decision Date:	12/23/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/07/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 63 year old male, who sustained an industrial injury on 6-28-2007. The injured worker was being treated for hypertension, morbid obesity, supraventricular tachycardia, and obstructive sleep apnea. The treating physician (7-7-2015) noted that the injured worker was being seen for routine follow up. There were no subjective complaints noted. The physical exam (7-7-2015) revealed a blood pressure of 134 over 96, heart rate of 94 per minute, respirations of 16 per minute, and oxygen of 98%. The treating physician noted clear lungs, and a regular heart rhythm without murmur. The treating physician (8-25-2015) noted that the injured worker was being seen in follow up for a syncopal episode in 8-2015. The injured worker reported no presyncope or further syncope. The treating physician (8-25-2015 report) noted that the injured worker was evaluated in an emergency room in 8-2015 for a syncopal episode on the beach and a CT scan of the head was performed and a Holter monitor study was performed later on. The injured worker reported ankle swelling recently and no awareness of arrhythmia and no chest pain or shortness of breath. The physical exam (8-25-2015) revealed a blood pressure of 130 over 76, heart rate of 78 per minute, respirations of 20 per minute, and oxygen of 98%. The treating physician noted the injured worker appeared comfortable at rest. The treating physician noted clear lungs, a regular heart rhythm without murmur, and 2+ pitting edema of the legs, ankles, and feet. Per the treating physician (8-25-2015 report), the Holter monitor study (8-19-2015) showed 1 episode of SVT without symptoms. Treatment has included diuretic (Hydrochlorothiazide), calcium channel blocker, and ACE-inhibitor. The treatment plan included

stopping the Hydrochlorothiazide and beginning Furosemide 40mg or possible congestive heart failure. On 9-22-2015, the original utilization review modified a request for Furosemide 40mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Furosemide 40mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse.

Decision rationale: The claimant is a 63 year-old male with a date of injury of 6/28/2007 with a diagnosis of chronic low back pain. He has recently experienced a syncopal episode of unknown etiology. On examination, his lungs and heart were normal, however he had 2+ pitting edema in the lower extremities and was started on Lasix (Furosemide) 40 mg daily. MTUS Guidelines do not address use of Furosemide, which is indicated for congestive heart failure and fluid retention. The request is for a 1 month supply of Lasix 40 mg daily with 3 refills. While Lasix may be indicated, the refills are not, as this patient needs to be followed closely and further work-up performed to determine whether or not congestive heart failure is the cause of his peripheral edema. The patient needs a chest x-ray, echocardiogram, BNP and potassium level and possibly a cardiology consultation at this time. Therefore the request is not appropriate at this time.