

<b>Case Number:</b>	CM15-0020048		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	01/25/2012
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: Ohio, North Carolina, Virginia  
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 57 year old female, who sustained an industrial injury on 1/25/2012. She reported an injury during a fall from a ladder. The diagnoses have included right knee meniscus tear. Treatment to date has included right shoulder surgery, bilateral carpal tunnel surgery and bilateral cubital surgery, L5-S1 lumbar arthrodesis/fusion and other conservative treatment. An MRI of the right knee on 7/22/2014 revealed small joint effusion and a horizontal cleavage tear in the posterior horn of the medial meniscus. There is documentation that the injured worker is treated for hypertension and has a history of ulcers, indigestion, heartburn and reflux. There is no clear documentation of the indication and purpose of the request for furosemide. On January 6, 2015 Utilization Review non-certified a request for furosemide 20 mg, quantity 1, noting that there was no documentation of the indication of the patient's specific history with blood pressure issues. A non MTUS reference was cited. On February 3, 2015, the injured worker submitted an application for IMR for review of furosemide 20 mg, quantity 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Furosemide (Lasix) 20mg qty:1.00:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute of Health

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

**Decision rationale:** Lasix is indicated for edema associated with congestive heart failure (CHF), liver cirrhosis, and renal disease, including nephrotic syndrome, acute pulmonary edema/hypertensive crisis/increased intracranial pressure, resistant hypertension, hyperkalemia in advanced cardiac life support (ACLS), and hypermagnesemia in ACLS. In this case, the injured worker's blood pressure was markedly elevated on 1-6-2015 at 172/103 and it appears this is the time frame the dose of lasix was given. Therefore, Furosemide (Lasix) 20mg qty: 1.00 was medically necessary as this was during a pre-operative assessment for an imminent right knee arthroscopic menisectomy.