

Case Number:	CM15-0022578		
Date Assigned:	02/12/2015	Date of Injury:	09/14/1994
Decision Date:	04/06/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/06/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 56-year-old female who reported an injury on 09/14/1994. The mechanism of injury was the injured worker was lifting a box of cartridges. Prior therapy included medication management, physical therapy, 2 lumbar spine surgeries, and a lumbar transforaminal epidural steroid injection. The documentation indicated the injured worker was on Dyazide since at least 06/2014. There was a Request for Authorization submitted for review dated 01/07/2015. The documentation of 11/07/2014 revealed the injured worker had lumbar spine pain. The injured worker indicated the leg pain had remained the same since her last visit. The injured worker was taking her medications regularly and was tolerating them. The injured worker was noted to have a history of chest pain and palpitations. The physical examination revealed the injured worker ambulated with a cane and performed a heel toe walk with difficulty. The injured worker had tenderness, guarding, and spasm over the paraspinal musculature and rhomboid muscle. There was facet tenderness over the paraspinal muscle. The injured worker had a positive sacroiliac tenderness, fabere test, sacroiliac thrust test, and Yeoman's test bilaterally. The injured worker had a positive Kemp's test bilaterally. The injured worker's seated straight leg raise was 50 degrees on the right and 60 degrees on the left and the supine straight leg raise test was 40 degrees on the right and 50 degrees on the left. The Farfan test was positive bilaterally. The injured worker had decreased range of motion of the lumbar spine. The injured worker had decreased sensation at L5-S1 dermatomes bilaterally and 4/5 strength in the lower extremity muscles on the right for the plantar flexors and foot evertors. The diagnosis included lumbar spine sprain and strain, disc disease, radiculopathy, chronic pain, surgery x2,

and lumbar musculoligamentous injury. The injured worker was noted to have a psychiatric clearance for a possible spinal cord stimulator. The treatment plan included a refill of Dyazide 37.5/25 mg 1 by mouth twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazide 37.5/25mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Hypertension treatment and Other Medical Treatment Guidelines Other Medical Treatment Guideline or Medical Evidence: www.drugs.com/search.php?searchterm=Dyazide&a=1.

Decision rationale: The Official Disability Guidelines indicate that hydrochlorothiazide is a first line third edition for the treatment of high blood pressure. It does not specifically address Dyazide. As such, tertiary guidelines were sought. Per drugs.com, Dyazide is a combination of hydrochlorothiazide and triamterene. Hydrochlorothiazide is a thiazide diuretic and triamterene is a potassium sparing diuretic. There was a lack of documented rationale for the requested medication. The duration of use was since at least 06/2014. The efficacy was not provided. The request as submitted failed to indicate the frequency for the requested medication. Additionally, there was a lack of documentation indicating the injured worker had hypertension and needed to be treated for hypertension. Given the above, the request for Dyazide 37.5/25 mg #60 is not medically necessary.