

Case Number:	CM14-0163860		
Date Assigned:	10/08/2014	Date of Injury:	04/22/2002
Decision Date:	11/13/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/06/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient had a date of injury on 4/22/2002. The patient was lifting a 5 gallon paint bucket when he hurt his back. MRI dates 4/11/14 showed L2-L3 disk bulge, L3-L4 diffuse disk bulge, L4-L5 degenerative disk disease and diffuse disk bulge and similar changes at the L5-S1 level. Medications have included Duralgesic patches, Percocet, Lortab Lorazepam, Ambien, Zanaflex, Mobic and Lyrica. Diagnosis include: chronic lumbar backache, recurrent myofascial strain and bilateral lower extremity radiculopathic pain, anxiety, depression and chronic insomnia. Patient has had multiple disk decompressions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrochlorothiazide tablet 25mg #30 with 11 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physicians desk reference - 68th edition 2014

Decision rationale: According to guidelines, Hydrochlorothiazide is recommended as the first line treatment of hypertension. Appropriate management of hypertension requires monthly visits

to the physician's office for modification of treatment and adding additional medications as needed. Giving a full year of refills of hydrochlorothiazide is not recommended and thus not medically necessary.