

<b>Case Number:</b>	CM14-0185889		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	05/09/2001
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Geriatrics and is licensed to practice in New York. 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:

The injured worker is a 61 year old woman with a date of injury of 5/9/01. She has a history of diabetes. She was seen by her primary treating physician on 9/2/14 with depression, anxiety, insomnia, agitation, pessimism, emptiness, alienation, shortness of breath and rapid heartbeat. She was seen again on 9/11/4 with ongoing lumbar symptomatology. Her cervical spine had limited range of motion with pain in the paracervical musculature. Her right shoulder had a positive impingement maneuver and limited range of motion. She had an antalgic gait and used a cane. Her left knee had a positive McMurray's sign with joint tenderness. The right knee also had a positive McMurray's sign. Her diagnoses included head injury with residual cervical spine pain, bilateral shoulder sprain/strain with right rotator cuff tear and adhesive capsulitis, carpal tunnel syndrome - bilateral wrists, multilevel disc bulges in lumbosacral spine, fibromyalgia, psychiatric diagnosis. At issue in this review are the medications - fexofenadine, furosemide, nystop, fluconazole, hydroxyzine and ropinirole. Length of prior therapy is not documented in the notes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexofendadine 60mg Qty: 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This injured worker has a history of multiple joint and back pain with diabetes and fibromyalgia. Review of available records did not substantiate an injury related diagnosis that would warrant a Histamine - H1 agonist such as fexofenadine. The medical necessity is not substantiated in the records. Therefore the request is not medically necessary.

**Fluconazole 100mg Qty: 30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This injured worker has a history of multiple joint and back pain with diabetes and fibromyalgia. Review of available records did not substantiate an injury related diagnosis that would warrant an anti-fungal such as fluconazole. The medical necessity is not substantiated in the records. Therefore the request is not medically necessary.

**Furosemide 40mg Qty: 30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This injured worker has a history of multiple joint and back pain with diabetes and fibromyalgia. Review of available records did not substantiate an injury related diagnosis that would warrant a diuretic such as furosemide. The medical necessity is not substantiated in the records. Therefore the request is not medically necessary.

**Hydroxyzine HCL 25mg Qty: 60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 3-4. Decision based on Non-MTUS Citation uptodate hydroxyzine: drug information

**Decision rationale:** This injured worker has a history of multiple joint and back pain with diabetes and fibromyalgia. Review of available records did not substantiate an injury related diagnosis that would warrant an anti-emetic, anti-pruritic such as hydroxyzine. The medical necessity is not substantiated in the records. Therefore the request is not medically necessary.

**Nystop powder 100000 Qty: 60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This injured worker has a history of multiple joint and back pain with diabetes and fibromyalgia. Review of available records did not substantiate an injury related diagnosis that would warrant an anti-fungal such as nystop powder. The medical necessity is not substantiated in the records. Therefore the request is not medically necessary.

**Ropinirole 4mg Qty: 30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This injured worker has a history of multiple joint and back pain with diabetes and fibromyalgia. Review of available records did not substantiate an injury related diagnosis that would warrant an anti-Parkinson's agent, dopamine agonist such as ropinirole. The medical necessity is not substantiated in the records. Therefore the request is not medically necessary.