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| <b>Case Number:</b>   | CM15-0014091 |                              |            |
| <b>Date Assigned:</b> | 02/02/2015   | <b>Date of Injury:</b>       | 01/30/2014 |
| <b>Decision Date:</b> | 03/20/2015   | <b>UR Denial Date:</b>       | 01/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/26/2015 |

### 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: Texas, California  
 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:

This is a 32 year old female patient who sustained an industrial injury on 1/30/14. The diagnoses include bilateral shoulder sprain, bilateral elbow lateral epicondylitis, status post carpal tunnel release, C5-6 nerve root impingement, anxiety, depression, insomnia and moderate obesity. Per the doctor's note dated 1/26/2015, she had complaints of bilateral shoulder pain with radiation to the arms, elbow pain and wrist pain. The physical examination revealed decreased bilateral shoulder range of motion in flexion 150 and abduction 130 degrees, decreased sensation and pain in all fingers. Per the doctor's note dated 12/17/2014, she had complaints of neck pain, left shoulder pain, left elbow pain, left wrist pain, left hand pain, swelling of her legs and feet. The physical examination revealed swelling in her bilateral hand and 2+ swelling in her lower extremities. The medications list includes advil, vicodin, tramadol, lyrica, lasix and klor-con. She has had multiple diagnostic studies including X-rays for the cervical spine, bilateral shoulders and bilateral hands; an MRI of the cervical spine dated 1/7/15 which revealed reversal of cervical curve and 2mm disc bulge at C5-6; EMG/NCS dated 2/17/2014 which revealed bilateral carpal tunnel syndrome and right cubital tunnel syndrome. She has undergone right carpal tunnel release on 9/9/2014 and left carpal tunnel release on 4/22/2014. The UR decision dated 1/23/15 non-certified S5001, Lasix 20MG and S5001, Klor-Con 10MEQ. The S5001, Lasix 20MG and S5001, Klor-Con 10MEQ were denied based on MTUS Chronic Pain Medical Treatment and ACOEM Occupational Medicine Practice Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lasix 20mg Qty 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Thompson Micromedex FDA labeled indications of the Furosemide

**Decision rationale:** Request: Lasix 20mg Qty 60.00CA MTUS and ODG does not address furosemide. Per the Thompson Micromedex FDA labeled indications of the Furosemide includes "Congestive heart failure - Edema, Edema, Edema - Renal failure, Hypertension and Pulmonary edema, acute; Adjunct." Per the records provided lasix was prescribed for hand and leg swelling. Evidence of congestive heart failure, renal failure or pulmonary edema is not specified in the records provided. A detailed cardiac and pulmonary examination is not specified in the records provided. The medical necessity of Lasix 20mg Qty 60.00 is not fully established for this patient.

**Klor-Con 10mEq Qty: 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Thompson Micromedex FDA labeled indications of potassium chloride.

**Decision rationale:** Request: Klor-Con 10mEq Qty: 60.00Klor con contains potassium chloride.CA MTUS and ODG does not address Klon-Cor. Per the Thompson Micromedex FDA labeled indications of the Klon-Cor includes "hypokalemia and hypokalemia prophylaxis." Per the records provided Klon-Cor was prescribed with lasix to prevent diuretic induced hypokalemia. Evidence of hypokalemia is not specified in the records provided. As the medical necessity of lasix itself is not fully established the medical necessity of Klor-Con is also not established. The medical necessity of Klor-Con 10mEq Qty: 60.00 is not fully established for this patient.