

Case Number:	CM15-0126628		
Date Assigned:	07/13/2015	Date of Injury:	12/30/1998
Decision Date:	08/07/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/30/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This 61 year old female sustained an industrial injury on 12/30/98. She subsequently reported neck and shoulder pain. Diagnoses include lumbar strain and sprain, cervical disc degeneration and intervertebral cervical disc disorder with myelopathy. Treatments to date include x-ray and MRI testing, spine surgery, physical therapy and prescription pain medications. The injured worker continues to experience cervical pain that radiates to the bilateral upper extremities and into the skull. Upon examination, neck range of motion was reduced. Tenderness was noted in the cervical, thoracic and lumbar regions. Muscle movement and strength is 3/ 5. A request for Triamt/HCTZ (Triamterene/Hydrochlorothiazide) 75/50mg, quantity: 30 were made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Triamt/HCTZ (Triamterene/Hydrochlorothiazide) 75/50mg, quantity: 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 55.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601125.html>.

Decision rationale: Pursuant to Medline plus, Triamt/HCTZ (Triamterine/Hydrochlorothiazide) 75/50 mg #30 is not medically necessary. The combination of triamterene and hydrochlorothiazide is used to treat high blood pressure and edema (fluid retention; excess fluid held in body tissues) in patients who have lower amounts of potassium in their bodies or for whom low potassium levels in the body could be dangerous. The combination of triamterene and hydrochlorothiazide is in a class of medications called diuretics ('water pills'). They work by causing the kidneys to get rid of unneeded water and salt from the body into the urine. In this case, injured worker's working diagnoses are vitamin D deficiency; cervical disc degeneration; lumbar sprain strain; gastroesophageal reflux; and hepatitis C. The treating provider left a voicemail message with the utilization review provider indicating the blood pressure medicine Triamt/HCTZ (triamterine/Hctz) 75/50 mg was not related to the injured workers work related conditions. Consequently, absent clinical documentation of a work related condition and an associated clinical indication, Triamt/HCTZ (Triamterine/Hydrochlorothiazide) 75/50 mg #30 is not medically necessary.