MAXIMUS Federal Services

Case Number:	CM15-0127247		
Date Assigned:	07/13/2015	Date of Injury:	11/14/2001
Decision Date:	08/07/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/01/2015

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: 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:

The injured worker is a 40 year old female, who sustained an industrial injury on 11/14/01. She reported pain in her left knee. The injured worker was diagnosed as having status post left knee surgery on 1/27/05 and complex regional pain syndrome in the left leg. Treatment to date has included a failed intrathecal pump, a failed spinal cord stimulator, physical therapy, OxyContin and Percocet. On 5/26/15 the treating physician noted that the injured workers potassium was 2.1 on admission to the hospital and she was dehydrated. As of the PR2 dated 6/5/15, the injured worker reported being discharged from the hospital one week ago. She has been treated for a pulmonary embolism on anticoagulation. She rates her left leg pain a 10/10 without medications and a 7/10 with medications. Objective findings include no limb swelling or pedal edema and decreased left knee range of motion. The treating physician requested Furosemide 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Furosemide 20 mg tablet 2 every morning for 30 days #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://dailymed.nlm.nih.gov/dailymed/ drugInfo.cfm?setid=ea623e21-e9fd-4ef1-843b- 82cbc05af5bf (Accessed 6/9/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014: Furosemide.

Decision rationale: Per Medscape internal Medicine 2014, Furosemide is primarily used for the treatment of hypertension and edema. It is the first-line agent in most people with edema caused by congestive heart failure. It is also used for hepatic cirrhosis, renal impairment, nephrotic syndrome, in adjunct therapy for cerebral or pulmonary edema where rapid diuresis is required (IV injection), and in the management of severe hypercalcemia in combination with adequate rehydration. In this case, there is no documentation of edema requiring diuretic therapy. There is no specific indication for the requested Furosemide therapy. Medical necessity for the requested item is not established. The requested item is not medically necessary.