

<b>Case Number:</b>	CM15-0173634		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	08/24/2005
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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

Certification(s)/Specialty: Emergency 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 is a 59 year old female with a date of injury on 8-24-2005. A review of the medical records indicates that the injured worker is undergoing treatment for severe degenerative joint disease, osteoarthritis, right hip; lumbar spine sprain-strain; left hip sprain-strain; degenerative joint disease right knee; right renal abnormality and persistent hypertension. Medical records (6-30-2015 to 8-11-2015) indicate ongoing pain in the bilateral hips and lumbar spine. Per the treating physician (8-11-2015), the employee was temporarily totally disabled. The physical exam (6-30-2015 to 8-11-2015) revealed tenderness over the trochanteric bursa on the right and severe pain with internal and external rotation of the right hip. Trendelenburg test was positive. Straight leg raise testing was positive bilaterally. Blood pressure was 121 over 85 (6-30-2015) and 108 over 78 (8-11-2015). Treatment has included left hip replacement (2010), interferential unit and medications (Gabapentin, Tramadol, Ibuprofen, Flexeril and Motrin). The injured worker was to follow up with her primary treating physician secondary to persistent hypertension. The request for authorization dated 8-11-2015 was for Ultram, Neurontin, Dyazide, Motrin, Flexeril and Ibuprofen. The original Utilization Review (UR) (8-27-2015) non-certified a request for Dyazide.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dyazide 27.5/25mg #120:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [dailymed.nlm.nih.gov](http://dailymed.nlm.nih.gov).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.mayoclinic.org/diseases-conditions/high-blood-pressure/in-depth/diuretics/art-20048129>.

**Decision rationale:** The requested Dyazide 27.5/25mg #120, is medically necessary. CA MTUS is silent. <http://www.mayoclinic.org/diseases-conditions/high-blood-pressure/in-depth/diuretics/art-20048129> recommends this diuretic for hypertensive treatment. The injured worker has tenderness over the trochanteric bursa on the right and severe pain with internal and external rotation of the right hip. Trendelenburg test was positive. Straight leg raise testing was positive bilaterally. Blood pressure was 121 over 85 (6-30-2015) and 108 over 78 (8-11-2015). Treatment has included left hip replacement (2010), interferential unit and medications (Gabapentin, Tramadol, Ibuprofen, Flexeril and Motrin). The injured worker was to follow up with her primary treating physician secondary to persistent hypertension. This diuretic is medically appropriate for hypertension treatment. The criteria noted above having been met, Dyazide 27.5/25mg #120 is medically necessary.