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| Case Number: | CM15-0094897 | | |
| Date Assigned: | 05/21/2015 | Date of Injury: | 03/18/2005 |
| Decision Date: | 06/30/2015 | UR Denial Date: | 05/05/2015 |
| Priority: | Standard | Application Received: | 05/15/2015 |

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: 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 43 year old male, who sustained an industrial injury on March 18, 2005. The injured worker fell from a pruning tower and sustained injuries to the bilateral lower extremities, head, back, and face. The injured worker was diagnosed as having a lumbar postlaminectomy syndrome, lumbago, left ankle osteomyelitis, and posterior fusion with fusion osteoarthritis. Diagnostic studies to date have included x-rays, CTs, and a bone scan. Treatment to date has included physical therapy, a peripherally inserted central catheter and intravenous antibiotic therapy, and medications including pain and anti-epilepsy. On March 20, 2015, the injured worker complains of low back and bilateral knee pain. He puts weight on the right knee to get weight off the left ankle causing the right knee to hurt. Support hose help his swelling. He complains of increased numbness of the toes and along the outside of the bilateral calves and thighs, and some of the graft site. The right side symptoms are new. Associated symptoms include walking with a limp and limited hip range of motion. The physical exam revealed slightly limited flexion and extension of the back, diffuse muscle pain, tenderness by the pelvis and the thoracolumbar area, a well-healed posterior scar, from the fusion, and a pulling sensation down the leg to calf with straight leg raise. There was no left ankle movement, slight decreased bilateral knee flexion and normal extension, inability to left toe walk, scars and spots over the left lower extremity, and dependent left ankle swelling. There was a difference in calf size, and a bit of big toe movement. The deep tendon reflexes were normal in the bilateral upper extremities and absent in the bilateral lower extremities. There was decreased sensation over scar areas, the GT area, and along the outside of the legs, worse on the left than the right. The left knee flexion was slightly weaker than the right. There was muscle weakness in the left lower extremity. The treatment plan includes Lasix for the left lower extremity, as the warmth will be starting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lasix 20mg #20 with 4 refills: 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 FDA Prescribing Information Lasix <http://www.drugs.com/pro/furosemide.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Lasix (Furosemide). FDA Prescribing Information indicates that Furosemide is indicated for the treatment of hypertension and edema associated with congestive heart failure, cirrhosis of the liver and renal disease. Laboratory tests, serum electrolytes, potassium, and creatinine should be determined frequently during the first few months of Furosemide therapy and periodically thereafter. The treating physician's progress report dated 3/20/15 documented that Lasix for lower extremity swelling will be started. The 3/20/15 progress report does not document laboratory tests, as recommended by FDA guidelines. Lasix 20 mg #20 with 4 refills would allow for unmonitored use. Lasix 20 mg one tablet prn #20 with 4 refills was the actual prescription written on 3/20/15. The directions for use stated take one tablet as needed without a dosing frequency. Without a dosing frequency, the request for Lasix cannot be endorsed. Therefore, the request for Lasix is not supported. Therefore, the request for Lasix 20 mg #20 with 4 refills is not medically necessary.