

Case Number:	CM13-0070314		
Date Assigned:	01/03/2014	Date of Injury:	06/12/2008
Decision Date:	04/29/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/23/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 63 year-old male who reported an injury on 06/12/2008. The mechanism of injury was not provided. Office visit note dated 12/11/2013 indicated patient had a CABG (left main and RCA). It was noted the patient was doing well, no signs or symptoms of congestive heart failure; the patient's asthma was stable. The patient was seen for a follow-up from open heart surgery. Chronic problems included diabetes, chronic pain, lumbago due to displacement of intervertebral disc, left knee injury, overweight, work related injury, bilateral chronic knee pain, osteoarthritis of the knee, congestive heart failure, hyperlipidemia, asthma, coronary artery disease, hypertension, and coronary artery disease of artery bypass. Medications included Imdur 30 mg extended release daily, hydralazine 25 mg twice daily, Lasix 40 mg daily, potassium chloride ER 10 mEq extended release daily, Dendracin 0.0375%/30%/10% to affected area 3 times daily, Synovacin 500 mg twice daily, Sentra AM 290 mg/40 mg/35 mg/70 mg daily, fish oil-fat acid combo 8herb comb 137 with 1,200 mg (400 mg/400 mg /400 mg) Cap daily, lisinopril/hydrochlorothiazide 20 mg/12.5 mg daily, pantoprazole 20 mg delayed release 1 to 2 tablets daily, Kombiglyze XR 2.5 mg/1000 mg daily, aspirin 81 mg daily, pravastatin 40 mg daily, orphenadrine citrate ER 100 mg twice daily. It is noted the patient was instructed and counseled to take medications that is instructed and follow the prescribed diet.

IMR ISSUES, DECISIONS AND RATIONALES

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

POT CL MICRO TAB 20 MEQ ER #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA Medical Treatment Utilization Schedule (MTUS), (2009)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation RxList.com

Decision rationale: The necessity for potassium would be supported for patients taking a diuretic. However, the records submitted for review failed to include documentation that the patient was not able to tolerate or had refused to take liquid or effervescent potassium preparations or had a problem with compliance with those preparations. Given the indications for the formulation of potassium there is lack of evidence of consideration of a lower dose of the diuretic. And this formulation is indicated for those who are not able to tolerate liquid potassium which was not documented. Also, the frequency was not provided in the request as submitted. Given the above, the use of extended release potassium chloride preparations is not supported. As such, the request for Pot CL micro tab 20 mEq ER #30 is not supported. Therefore, the request is non-certified.