

Case Number:	CM14-0071995		
Date Assigned:	07/16/2014	Date of Injury:	11/21/1991
Decision Date:	08/25/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/19/2014

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 Internal Medicine and is licensed to practice in California. 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 67-year-old female with a 11/21/91 date of injury. Progress note dated 2/18/14 described neck and left upper extremity pain. The current medications include Zolof, Elavil, Ultram, Ibuprofen, and thyroid medication. Operative report dated 3/20/14 documented that bilateral C2-3 cervical facet medial branch blocks were performed. Progress note dated 3/25/14 described improvement in back pain followed by facet injections bilaterally at C2-3. The patient described 50% reduction in pain. Repeat injections were discussed. Operative report dated 4/10/14 documented that bilateral 2 level C2 and C3 cervical facet medial branch blocks were performed. Diagnoses include C2-3 subdural neuralgia, chronic carpal tunnel syndrome, history of a stirrup right it's, and cervical facet arthropathy. Prior surgical treatment has included carpal tunnel release in 1992 and 1997, as well as over nerve transposition in 1993.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klor-con 10meq #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/lookup.cfm?setid=45334459-6177-42c5-9588-db1d6eb57418>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Indications and Usage for Klor-Con, <http://www.drugs.com/pro/klor-con.html>.

Decision rationale: This request previously obtained an adverse determination as the requested medication is indicated for patients with hypokalemia or to prevent hypokalemia in patients at risk for developing hypokalemia, such as the use of digitalis. However, there are no confirmatory laboratory tests to corroborate hypokalemia. The claimant is not on any diuretics that would predispose to hypokalemia. Within the context of this appeal, no additional records, including labs were provided. The request is not substantiated.