

Case Number:	CM14-0185989		
Date Assigned:	11/13/2014	Date of Injury:	11/08/1988
Decision Date:	03/11/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/07/2014

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. 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: Maryland, District of Columbia
 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 employee was a 77 year old male who reported an injury on 11/08/1988. His prior history included coronary artery disease status post myocardial infarction and PCI, CVA with left hemiparesis in 1990, complete occlusion of the right carotid artery and seizures. Medications included Clopidogrel 75mg daily, sublingual nitroglycerin 0.4mg as needed, Lasix 40mg, metoprolol 50mg BID, Simvastatin 20mg daily and potassium chloride 10 mEq twice daily. The clinical note from 09/03/14 was reviewed. His appetite was noted to be okay. He had auditory hallucinations and was depressed. Impression was hemiparesis, old CVA, auditory hallucinations, anxiety and depression, diabetes mellitus, seizure disorder and coronary artery disease. The discharge summary from 2013 lists some laboratory test results without a potassium level. The request was for Plavix #90 with three refills, Nitroglycerin sublingual #100 with three refills and potassium chloride #180 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clopidogrel 75mg, once daily #90 for 1 month with no refills Sublingual: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/klor-con-drug.htm>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: WWW.UPTODATE.COM

Decision rationale: The employee was a 77 year old male who reported an injury on 11/08/1988. His prior history included coronary artery disease status post myocardial infarction and PCI, CVA with left hemiparesis in 1990, complete occlusion of the right carotid artery and seizures. Medications included Clopidogrel 75mg daily, sublingual nitroglycerin 0.4mg as needed, Lasix 40mg, metoprolol 50mg BID, Simvastatin 20mg daily and potassium chloride 10 mEq twice daily. The clinical note from 09/03/14 was reviewed. His appetite was noted to be okay. He had auditory hallucinations and was depressed. Impression was hemiparesis, old CVA, auditory hallucinations, anxiety and depression, diabetes mellitus, seizure disorder and coronary artery disease. The discharge summary from 2013 lists some laboratory test results without a potassium level. The request was for Plavix #90 with three refills, Nitroglycerin sublingual #100 with three refills and potassium chloride #180 with 3 refills. Lexicomp drug information was used as a reference. The UR physician certified Plavix #90 without refills. Plavix is an antiplatelet agent used for myocardial infarction, stroke, symptomatic carotid artery stenosis and peripheral vascular disease. The employee had carotid artery stenosis with stroke and coronary artery disease necessitating an antiplatelet agent. But the UR physician recommendation to certify only 3 month supply seems appropriate given his multiple comorbid conditions and hallucinations necessitating frequent follow up visits.

Nitroglycerin 0.4mg, one as needed for 3 months #100 with 33 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/nitrostat-drug.htm>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Nitrates in the management of stable angina pectoris, www.uptodate.com

Decision rationale: The employee was a 77 year old male who reported an injury on 11/08/1988. His prior history included coronary artery disease status post myocardial infarction and PCI, CVA with left hemiparesis in 1990, complete occlusion of the right carotid artery and seizures. Medications included Clopidogrel 75mg daily, sublingual nitroglycerin 0.4mg as needed, Lasix 40mg, metoprolol 50mg BID, Simvastatin 20mg daily and potassium chloride 10 mEq twice daily. The clinical note from 09/03/14 was reviewed. His appetite was noted to be okay. He had auditory hallucinations and was depressed. Impression was hemiparesis, old CVA, auditory hallucinations, anxiety and depression, diabetes mellitus, seizure disorder and coronary artery disease. The discharge summary from 2013 lists some laboratory test results without a potassium level. The request was for Plavix #90 with three refills, Nitroglycerin sublingual #100 with three refills and potassium chloride #180 with 3 refills. According to Lexicomp's drug information and UPTODATE article on Nitrates in the management of angina, SL nitroglycerin is recommended as the therapy of choice for acute angina and for prophylaxis for activities known to elicit angina. The employee had a history of CAD and hence the prescription for #100

nitroglycerin sublingual seems appropriate. But the three refills without frequent follow-ups seem not medically necessary.

Potassium Chloride 10meq, Twice Daily #180 for 3 months with 3 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.uptodate.com, Lexicomp drug information

Decision rationale: The employee was a 77 year old male who reported an injury on 11/08/1988. His prior history included coronary artery disease status post myocardial infarction and PCI, CVA with left hemiparesis in 1990, complete occlusion of the right carotid artery and seizures. Medications included Clopidogrel 75mg daily, sublingual nitroglycerin 0.4mg as needed, Lasix 40mg, metoprolol 50mg BID, Simvastatin 20mg daily and potassium chloride 10 mEq twice daily. The clinical note from 09/03/14 was reviewed. His appetite was noted to be okay. He had auditory hallucinations and was depressed. Impression was hemiparesis, old CVA, auditory hallucinations, anxiety and depression, diabetes mellitus, seizure disorder and coronary artery disease. The discharge summary from 2013 lists some laboratory test results without a potassium level. The request was for Plavix #90 with three refills, Nitroglycerin sublingual #100 with three refills and potassium chloride #180 with 3 refills. According to Lexicomp drug information, potassium chloride is used as a supplement in hypokalemia. The employee's medical records have no documentation of potassium levels. Without a diagnosis of Lasix induced hypokalemia or current potassium levels, it is difficult to support the ongoing use of potassium despite being on chronic diuretic therapy. Hence the prescription for potassium chloride is not medically necessary or appropriate.