MAXIMUS Federal Services

Case Number:	CM14-0147714		
Date Assigned:	09/15/2014	Date of Injury:	03/29/1999
Decision Date:	10/17/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/11/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 65-year-old female who reported an injury on 03/29/1999. The injury was reported have occurred when the chair the injured worker was sitting in broke, and she fell to the floor. The diagnoses included pain in the shoulder joint, cervicalgia, myalgia and myositis, and thoracic or lumbosacral neuritis or radiculitis unspecified. The previous treatments were not provided. The progress note dated 03/18/2014, noted the injured worker complained of constant pain in her right shoulder, cervical pain, and lumbar pain. A physical performance evaluation was completed. The medications were not included. The treatment plan recommended a 10 day pain program. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Miralax powder #510: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiate therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid induced constipation treatment.

Decision rationale: The request for Miralax powder #510 is not medically necessary. The injured worker had pain, without mention of medications or constipation. The Official Disability Guidelines recommend over the counter laxatives, along with adequate water intake, physical activity, and fiber as the first line treatment to help increase gastric motility for opioid induced constipation. There was no indication of opioid use or constipation. As such, the use of Miralax is not indicated at this time. Therefore, the request is not medically necessary.

Potassium chloride #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Supplements.

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: U.S. Food and Drug Administration, (2008). "Potassium Chloride." Web. 10 Oct. 2014. http://www.accessdata.fda.gov/scripts/cder/ drugsatfda/index.cfm?fuseaction=Search.Label_ApprovalHistory>.

Decision rationale: The request for Potassium chloride #60 is not medically necessary. The injured worker had pain, without mention of medications or hypokalemia. The FDA approved the use of potassium chloride for the treatment of hypokalemia, or prevention of hypokalemia in patients who would be at increased risk if hypokalemia were to develop (e.g. significant cardiac arrhythmias. There was no evidence of hypokalemia in the documentation provided. There was no indication of a condition that may cause hypokalemia, or any potential risk if hypokalemia were to occur. There was no rationale provided for the use of potassium chloride. Given the previous, the use of potassium chloride is not indicated at this time. Therefore, the request is not medically necessary.