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| <b>Case Number:</b>   | CM14-0180725 |                              |            |
| <b>Date Assigned:</b> | 11/05/2014   | <b>Date of Injury:</b>       | 06/16/2006 |
| <b>Decision Date:</b> | 12/19/2014   | <b>UR Denial Date:</b>       | 10/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/30/2014 |

### 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 Orthopedic Surgery, 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 43-year-old male who has submitted a claim for status post right knee arthroscopy, cervical sprain / strain, left cervical radiculopathy, lumbar spine strain / sprain, hypertension, and erectile disorder associated with an industrial injury date of 6/16/2006. Medical records from 2014 were reviewed. The patient complained of low back pain radiating to the left lower extremity. He likewise reported of right knee pain. The patient had chest pain with pins and needles sensation lasting for seconds, without associated shortness of breath. Physical examination of the lumbar spine showed tenderness, negative straight leg raise test, and deep tendon reflexes of at lower extremities. Examination of the right knee was absent for effusion, crepitus and tenderness. Right quadriceps strength was graded 4+/5. Cardiovascular exam showed regular rate and rhythm, and no murmurs. Vital signs revealed blood pressure of 122/88 mmHg. Serum potassium from 9/8/2014 was 3.3 mmol/L (normal range: 3.5 - 5.2 mmol/L). Treatment to date has included cervical discectomy in 2013, right knee arthroscopy, physical therapy, Chlorthalidone, Cozaar, and Topiramate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Trileptal 300mg #90 with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) for pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-17.

**Decision rationale:** As stated on pages 16 - 17 of CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants, such as pregabalin and gabapentin, are recommended as a first line option for neuropathic pain, i.e., painful polyneuropathy. In this case, the patient complains of low back pain radiating to the left lower extremity. Clinical manifestations are consistent with neuropathic pain. However, there is no symptom improvement with topiramate hence Trileptal is prescribed as adjuvant therapy. The medical necessity has been established. Therefore, the request for 1 prescription of Trileptal 300mg #90 with 1 refill is medically necessary.

**1 prescription of Potassium ER 8meq #30 with 2 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rotaeche R, Aguirrezabala J, Blague L, Clinical practice guidelines on arterial hypertension. 2007 update. pg. 135.

**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: US Food and Drug Administration (potassium chloride extended-release tablets) and chlorthalidone

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, US Food and Drug Administration was used instead. According to FDA, Potassium Chloride is used for the treatment of patients with hypokalemia, in digitalis intoxication, with hypokalemic familial periodic paralysis, or for the prevention of hypokalemia in patients who would be at particular risk if hypokalemia were to develop. If hypokalemia is the result of Diuretic therapy, consideration should be given to the use of a lower dose of diuretic. In this case, serum Potassium from 9/8/2014 was 3.3 mmol/L (normal range: 3.5 - 5.2 mmol/L). Patient is a known case of hypertension with maintenance medication of Chlorthalidone. Cardiovascular exam showed regular rate and rhythm, and no murmurs. Vital signs revealed blood pressure of 122/88 mmHg. The US Food and Drug Administration states that hypokalemia may develop with chlorthalidone as with any other diuretic. The medical necessity for Potassium replacement therapy has been established. Therefore, the request for 1 prescription of Potassium ER 8meq #30 with 2 refills is medically necessary.