

Case Number:	CM15-0016716		
Date Assigned:	02/05/2015	Date of Injury:	11/14/2001
Decision Date:	03/24/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/29/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 39 year old female, who sustained an industrial injury on 11/14/2001. She has reported subsequent leg, back, knee and hip pain and was diagnosed with complex regional pain syndrome of the left leg, status post failed intrathecal pump trial due to complication, status post failed spinal cord stimulator trial due to complication and renal colic. Other diagnoses included asthma and gastroesophageal reflux disease. Treatment to date has included oral pain medication and bilateral cervical and lumbar sympathetic blocks. In a progress note dated 12/19/2014, the injured worker reported constant and intermittent leg pain that was rated as 7/10. The injured worker also reported pain in the left flank/abdomen with referred pain to the pelvis. The cardiovascular and respiratory examinations were within normal limits. The injured worker was noted to be taking Furosemide. A request for authorization of a refill of Potassium Chloride was made without documentation as to why the medication was prescribed. On 01/06/2015, Utilization Review non-certified a request for Potassium Chloride 10 milliequivalents #60, noting that there was no documentation that the injured worker suffered from hypokalemia or of lab work being done to evaluate the injured worker's Potassium level. The utilization review physician noted that no specific clinical protocol was used in rendering this decision, although he did note that the injured worker did not meet industry standards for Potassium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Potassium Chloride 10 mEq #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lexicomp, Potassium Chloride, accessed via Up To Date 3/22/2015

Decision rationale: Potassium Chloride 10 meq is an oral form of potassium supplementation indicated for use for treatment or prevention of hypokalemia. There is no documentation of hypokalemia in the submitted medical records. The claimant is treated with furosemide, a loop diuretic which can contribute to hypokalemia. Potassium chloride might be indicated for use to prevent hypokalemia when furosemide is used on a regular basis. However, safe use of potassium chloride is dependent on regular monitoring of potassium levels and renal function of monitor for signs of hypo or hyperkalemia. There is no indication in the medical records of any monitoring of potassium status or renal function. Therefore, ongoing use of potassium chloride is not medically necessary.