

Case Number:	CM15-0099728		
Date Assigned:	06/02/2015	Date of Injury:	01/11/2008
Decision Date:	07/08/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/25/2015

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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 42-year-old male, who sustained an industrial injury on January 11, 2008. He reported head pain and low back pain. The injured worker was diagnosed as having lumbago, low back pain, mid back pain, bipolar disorder, anxiety and psychosis. Treatment to date has included diagnostic studies, physical therapy, chiropractic care, acupuncture, medications and work restrictions. Currently, the injured worker complains of continued mid and low back pain with associated stress, anxiety and depression. The injured worker reported an industrial injury in 2008, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on August 28, 2014, revealed continued pain as noted. It was noted he had a long absence from the physician since December of the previous year. He is now requesting a new bed however; the physician explained furniture would not be covered. It was noted magnetic resonance imaging of the thoracic spine on November 5, 2010, revealed central disc extrusion, magnetic resonance imaging of the lumbar spine on June 29, 2009 revealed some facet changes but otherwise normal and electro diagnostic studies of the lower extremities on June 2, 2009, revealed no abnormalities. The physician encouraged him to be more active. Evaluation on November 11, 2014, revealed continued feelings of hopelessness, seizure like activity at times, noted to be stress related, hot flashes, frustration, feelings that worker's compensation is against him and insomnia. Evaluation on April 28, 2015, revealed continued complaints of pain and psychological abnormalities. It was noted potassium was prescribed because the seizure medication could lower potassium levels however there was no potassium level noted. Potassium supplements were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klor-Con 10mEq quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com, Klor-Con (potassium chloride).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.labtestonline.org/>.

Decision rationale: According to <http://www.labtestonline.org/>, potassium supplementation is indicated in case of low potassium. There is no documentation that the patient have low potassium or at risk of developing low potassium. Therefore, the request for Klor-Con 10mEq quantity 30 is not medically necessary.