

<b>Case Number:</b>	CM14-0188566		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	07/25/2012
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 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 claimant is a 41 year old female who had a slip on fall type injury. The injured worker's original date of injury was July 25, 2012. The industrial diagnoses include chronic neck pain, cervical degenerative disc disease, left wrist pain, median nerve neuritis, and cervical disc herniation. The diagnostic workup to date has included MRI of the cervical spine which documented a 2.2 mm disc herniation at C3-C4, disc herniation at C4-5, and disc herniation at C5-6. The injured worker has attended work hardening for four sessions from January to February 2014. According to a progress note on date of service April 3, 2014, the patient had attended three sessions of physical therapy and shown significant improvements. Other conservative therapies include pain medications such as hydrocodone. The functional improvement documented includes being able to "work longer without pain" and improved sleep. There is documentation in a progress note from date of service April 3, 2014 that the patient has gastritis. The disputed issue is a request for Loperamide 2mg. A utilization review on 10/10/14 denied this request, citing issues with causal relationship.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Loperamide Cap 2mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines regarding: Loperamide (Immodium) Page(s): 48.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate Online Database, Loperamide

**Decision rationale:** In the case of this request, loperamide is a symptomatic treatment for diarrheal type of symptoms. The patient saw an internist on September 19, 2014, and there was documentation of "constipation and diarrhea" of unclear etiology. Since there was no clear documentation that this diarrheal type of symptom was industrially related, this medication is not radically necessary. In fact, the patient should seek medical care with a non-workers comp provider to address general medical issues.