

<b>Case Number:</b>	CM15-0140600		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	07/28/2000
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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  
 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:

This 61 year old male sustained an industrial injury to the back, wrists, left knee and left elbow on 7-28-00. The injured worker was treated with opioid medications with subsequent ongoing gastropathy and constipation. In a PR-2 dated 6-8-15, the injured worker reported having increasing abdominal pain with radiation to the right upper quadrant. The injured worker stated that he had pain after eating, especially if the food was fatty. The injured worker also reported alternating between constipation and diarrhea with a recent increase in diarrhea. Physical exam was remarkable for abdomen with tenderness to palpation to the mid epigastric region with positive Murphy's sign. Current diagnoses included small hiatal hernia with mild gastritis, gastropathy secondary to medication use, rule out cholelithiasis and orthopedic condition. The physician recommended decreasing Norco as much as possible. Additionally, the treatment plan included starting the injured worker on VSL, Zantac and Lomotil and requesting authorization for abdominal ultrasound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VSL #3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Medical Food (2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) medical foods.

**Decision rationale:** The California chronic pain medical treatment guidelines and the ACOEM do not specifically address the requested medication. The ODG states that medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. The requested medication is for weight loss. The criteria per the ODG have not been met and therefore the request is not medically necessary.

**Unknown prescription of Lomotil:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation World Gastroenterology Organization (WGO). World Gastroenterology Organization global guidelines: acute diarrhea in adults and children: a global perspective. Milwaukee (WI): World Gastroenterology Organization (WGO); 2012 Feb. 24 p.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, lomotil.

**Decision rationale:** The ACOEM, ODG and the California MTUS do not specifically address the requested service as prescribed. The physician desk reference states the requested medication is indicated in the treatment of diarrhea. The patient has the diagnosis of ongoing diarrhea but the requested amount is not specified. Therefore, adherence to prescribing dosages and amounts cannot be determined and the request is not medically necessary.