

Case Number:	CM15-0164054		
Date Assigned:	09/01/2015	Date of Injury:	05/09/2001
Decision Date:	10/09/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/20/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 62 year old female, who sustained an industrial injury on May 9, 2001 while working as a home caregiver. The injury occurred when the injured worker was walking to her car from a pharmacy and was assaulted by a gentleman. The injured worker lost consciousness and sustained multiple injuries. The diagnoses have included chronic low back pain, cervicgia, peripheral nerve impairment involving the peroneal nerve, chronic back pain, fibromyalgia, affective spectrum disorder with widespread pain, major depressive disorder, irritable bowel syndrome, gastroesophageal reflux disease, lumbar spondylolisthesis with stenosis, multiple hammertoe deformity, urinary incontinence and chronic obstructive pulmonary disease. Comorbid diagnoses included a history of poorly controlled diabetes mellitus and hypertension. Treatment and evaluation to date has included medications, radiological studies, computed tomography scan, electrodiagnostic studies, laboratory studies, psychiatric assessments, lumbar epidural steroid injections, aquatic therapy, shockwave therapy to the lumbar spine and acupuncture treatments. The injured worker was noted to be permanent and stationary and was never expected to re-enter the labor market. Current documentation dated June 25, 2015 notes that the injured worker had continued widespread pain. The injured workers diabetes mellitus remained poorly controlled. The injured worker was noted to have a peripherally inserted central catheter in place and was receiving intravenous antibiotics for pneumonia and a parenchymal abscess. Objective findings noted that the injured worker had a blood sugar of 200. Examination of the chest revealed diffuse wheezing and crackles over the bilateral lower lung fields. Documentation dated June 24, 2015 noted the injured worker had a

cough and was expectorating a moderate amount of light green sputum. The treating physician's plan of care included requests for Sudogest 60 mg # 60 with 5 refills, Prochlorperazine 10 mg # 90 with 5 refills and Diphenoxylate-Atropine 2.5 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sudogest 60mg #60 with 5 refills: 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), Pulmonary, Sudogest.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary (Acute and Chronic), Cough suppressants.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines do not address Sudogest. The Official Disability Guidelines recommend cough suppressants in patients with chronic or acute bronchitis. "In patients with chronic bronchitis, central cough suppressants, such as codeine and dextromethorphan, are recommended for the short-term symptomatic relief of coughing. In patients with cough due to upper respiratory infections (URI), peripheral cough suppressants have limited efficacy and are not recommended. In patients with cough due to URI, central cough suppressants have limited efficacy for symptomatic relief and are not recommended. In patients with chronic or acute cough requiring symptomatic relief, drugs that affect the efferent limb of the cough reflex are not recommended. Early studies report success in reducing cough in patients with chronic bronchitis or COPD; however, a carefully conducted study showed no effect of codeine on cough of COPD. Success with these cough suppressants can be achieved at high doses but are associated with side effects." In this case, the injured worker was noted to have a history of chronic obstructive pulmonary disease and currently has pneumonia. The injured worker was noted to have a cough and was expectorating light green sputum. Per ODG, "In patients with cough due to upper respiratory infections (URI), peripheral cough suppressants have limited efficacy and are not recommended." This patient has active pneumonia; cough suppression is not recommended for patients with upper respiratory infection. For these reasons, the request for Sudogest is not medically necessary.

Prochlorper 10mg #90 with 5 refills: 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, Prochlorperazine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), antiemetics (for opioid nausea).

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines do not address Prochlorperazine. The Official Disability Guidelines do not recommend antiemetic medications for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with the use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. In this case, the injured worker had a diagnosis of gastroesophageal reflux disease. However, there is lack of documentation of symptoms such as nausea and vomiting to indicate the need for this medication. There is lack of documentation of opioid use. Therefore, the request for Prochlorperazine 10mg # 90 with 5 refills is not medically necessary.

Diphen/Atrop 2.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lomotil dependence. Joob B, Wiwanitkit V. Indian J Psychol Med. 2014 Jul; 36(3): 348-9.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of lomotil (generic: diphenoxylate with atropine) for this patient. The clinical records submitted do not support the fact that this patient has a current indication for this medication. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of lomotil. Per the FDA guidelines for use, lomotil is indicated for treatment of diarrhea. This patient has been demonstrated to have chronic pain and opioid induced nausea. The patient's most recent medical records do not indicate that the patient suffers from severe diarrhea. Lomotil is not FDA approved for the treatment of opioid-induced nausea. Therefore, based on the submitted medical documentation, the request for diphenoxylate with atropine 2.5mg is not-medically necessary.