

Case Number:	CM15-0183554		
Date Assigned:	09/24/2015	Date of Injury:	01/28/1993
Decision Date:	11/06/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/18/2015

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: Florida

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 70 year old male, who sustained an industrial injury on 01-28-1993. The injured worker is currently permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for status post lumbar spine discectomy and fusion, history of nonspecific colitis and hemorrhoids with chronic diarrhea and intermittent rectal bleeding, perirectal fistula, history of perineal infection and abscesses requiring partial removal of the gluteal muscles, history of right leg deep vein thrombosis and pulmonary embolism, and history of obstructive sleep apnea. Treatment and diagnostics to date has included lumbar spine surgery, chiropractic treatment, and medications. Current medications include Xarelto, Sucralfate, Galantamine, Biotin, Calcium, Prevacid, Ranitidine, Meloxicam, Claritin D, Lomotil, Loperamide (four times daily), Sulfasalazine, Glucosamine-Chondroitin, and Hydroxyzine. In a progress note dated 09-02-2015, the injured worker reported chronic low back pain with right leg pain and numbness. Objective findings included tenderness to palpation over the epigastric and left upper quadrant, "in the right gluteal region there appears to be a fistula opening without any discharge to the right of the rectum", pitting edema in the right lower extremity. The request for authorization dated 09-02-2015 requested Prevacid, Lomotil, Sulfasalazine, Loperamide 2mg #60 with 1 refill, Xarelto, Aveeno bar, Augmentin, Fiber-Lax, and laboratory evaluations: CMP (comprehensive metabolic panel), CBC (complete blood count), and UA (urinalysis). The Utilization Review with a decision date of 09-08-2015 modified the request for Loperamide 2mg #60 with 1 refill to Loperamide 2mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Loperamide 2mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/loperamide.html> Website
Revision date: 4/18/2012.

Decision rationale: This Independent Medical Review is regarding Loperamide. The use of this medication is not addressed by MTUS, ACOEM, or ODG guidelines and therefore alternative references were utilized. Loperamide is a medication given to treat diarrhea. This patient does have chronic diarrhea. However, as two prior utilization review physicians have correctly stated, this medication does not require a prescription and can be purchased over the counter. Likewise, a prescription for Loperamide is not medically necessary.