

Case Number:	CM15-0025353		
Date Assigned:	02/18/2015	Date of Injury:	03/18/1998
Decision Date:	04/24/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/10/2015

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: Illinois

Certification(s)/Specialty: Psychiatry

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 female who reported injury on 03/18/1998. The mechanism of injury was not provided. The diagnostic studies were not provided. The injured worker was noted to be status post L5-S1 lumbar fusion in 2001. The injured worker underwent a creation of a right upper arm AV fistula and insertion of a left internal jugular PermCath under fluoroscopic guidance on 02/13/2013. There was no physician documentation submitted for review requesting the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diphenhydramine 25mg OTC as needed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation Website:

<http://www.drugs.com/search.php?searchterm=diphenhydramine&a=1>.

Decision rationale: Per Drugs.com, Diphenhydramine is an antihistamine that reduces the effects of natural chemical histamine in the body. The clinical documentation submitted for review failed to provide documentation of rationale for the requested medication. The request, as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating the quantity of medication being requested. Given the above, the request for Diphenhydramine 25 mg OTC as needed is not medically necessary.

Lomotil 1 tab as needed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com at <http://www.drugs.com/pro/lomotil.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Website: <http://www.drugs.com/enc/lomotil-overdose.html>.

Decision rationale: Per Drugs.com Lomotil is a prescription medication used to treat diarrhea. There was a lack of documentation indicating a rationale for the requested medication. The request as submitted failed to indicate the frequency and quantity of medication being requested. Additionally, the rationale for the requested medication was not provided. Given the above, the request for Lomotil is not medically necessary.

Ziomex Powder 15 grams 1 time per week: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical food.

Decision rationale: The Official Disability Guidelines indicate that medical foods are not recommended for chronic pain. The specific components of the requested medication were not provided. The request as submitted failed to indicate the quantity of Ziomex being requested or the indications for the medication. There was a lack of documentation of the quantity of medication being requested. Given the above, the request for Ziomex Powder 15 grams 1 time per week is not medically necessary.

Protonix (Pantoprazole) 40mg one per day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines state proton pump inhibitors are recommended for injured workers at intermediate or high risk for gastrointestinal events. Injured workers with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. The injured worker was not noted to be at intermediate or high risk for gastrointestinal events. The clinical documentation submitted for review failed to provide a rationale. The request as submitted failed to indicate the quantity of medication being requested. There was no physician documentation. Given the above, the request for Protonix (Pantoprazole) 40 mg 1 per day is not medically necessary.

Provigil (Modafinil) 200mg 2 times per day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Provigil® (modafinil).

Decision rationale: The Official Disability Guidelines indicate that Provigil is approved by the FDA for the treatment of narcolepsy and that prescribers using Provigil for sedation effects of opiate should consider reducing the dose of opiates before adding stimulants. The clinical documentation submitted for review failed to provide a rationale and failed to provide efficacy. The request, as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Provigil (modafinil) 200 mg 2 times per day is not medically necessary.