

Case Number:	CM15-0054326		
Date Assigned:	03/27/2015	Date of Injury:	12/23/2012
Decision Date:	05/08/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/23/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 59-year-old, male who sustained a work related injury on 12/23/12. The diagnoses in the past have included inflammatory bowel disease with evident edematous jejunum and abdominal pain. Treatment has included a CT scan abdomen and pelvis on 9/18/13. In the PR-2 dated 1/19/15, the injured worker does not complain of any abdominal or diarrhea issues. The treatment plan is to refill medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lomotil 2.5 #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.pdr.net/drug-summary/lomotil?druglabelid=1183>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Epocrates, Lomotil <https://online.epocrates.com/>.

Decision rationale: EPOCRATES monograph for Lomotil (diphenoxylate/atropine) Adult Dosing . Dosage forms: 2.5/0.025 diarrhea, adjunct tx [1-2 tabs PO bid-qid prn] Start: 2 tabs PO qid; Max: 8 tabs; Info: reduce dose when sx controlled; D/C after 48h if no improvement. The treating physician has provided documentation of gastric discomfort, weight loss, severe abdominal pain and increased GI motility (diarrhea) and has met the above guideline. As such, the request for Lomotil 2.5 #60 is medically necessary.