

Case Number:	CM15-0120172		
Date Assigned:	06/30/2015	Date of Injury:	05/31/2007
Decision Date:	07/30/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/22/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 55 year old male, who sustained an industrial injury on 5/31/2007. Diagnoses have included post laminectomy syndrome, ruptured colon secondary to high narcotic dose with total colectomy in 2012, chronic low back pain, chronic nausea and frequent C. difficile infections with diarrhea. Treatment to date has included surgery and medication. According to the progress report dated 5/6/2015, the injured worker complained of intermittent diarrhea and abdominal pain. He reported having to go to the emergency room on April 25 for significant diarrhea and abdominal pain. He stated that he had started Lomotil through the gastroenterologist. He was currently taking Tramadol with good relief of back pain. Physical exam revealed the injured worker to be anxious and in no acute distress. There was tenderness in the paraspinal muscles of the lower lumbar spine. Abdominal exam revealed mild tenderness in the right mid quadrant. Authorization was requested for Lomotil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lomotil 2.5mg #120 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.pdr.net/drug-summary/lomotil?druglabelid=1183#1.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/lomotil.

Decision rationale: This 55 year old male has complained of low back pain, diarrhea and abdominal pain since date of injury 5/31/07. He has been treated with surgery, physical therapy and medications. The current request is for Lomotil. Lomotil is a medication used to treat diarrhea and is indicated for short-term treatment. The current request exceeds the recommended duration of use. On the basis of the available medical records and per the guidelines cited above, Lomotil 2.5 mg #120 with 3 refills is not medically necessary.