

Case Number:	CM15-0063843		
Date Assigned:	04/09/2015	Date of Injury:	12/21/1971
Decision Date:	05/15/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/03/2015

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: Neurology, Pain Management

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 65 year old male, who sustained an industrial injury on 12/21/1971. The injured worker is currently diagnosed as having chronic pain due to trauma, insomnia, intervertebral disc disorder with myelopathy to the lumbar region, and anxiety. Treatment to date has included spinal surgeries, thoracic spine MRI, home health services, and medications. In a progress note dated 01/14/2015, the injured worker presented for pain management and that his pain is intolerable. The treating physician reported requesting authorization for Lomotil to use as needed for loose stools.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diphenhydramine/atropine (Lomotil) 2.5-0.025mg prn: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid-induced constipation treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation medscape internal medicine - 2013.

Decision rationale: Lomotil is indicated for the treatment of diarrhea. The medical records indicate a condition of spinal cord injury with associated loose bowel movements. The condition is reported to be unresponsive to treatments tried to date. As such the medical records support the use of lomotil for the insured. The request IS medically necessary.