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| <b>Case Number:</b>   | CM13-0025499 |                              |            |
| <b>Date Assigned:</b> | 04/25/2014   | <b>Date of Injury:</b>       | 09/14/1989 |
| <b>Decision Date:</b> | 06/10/2014   | <b>UR Denial Date:</b>       | 08/15/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/17/2013 |

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant has filed a claim for chronic low back pain, paralytic ileus, chronic neck pain, and sacroiliitis reportedly associated with an industrial injury of September 14, 1989. Thus far, the applicant has been treated with the following: analgesic medications; multiple prior lumbar spine surgeries; extensive amounts of physical therapy and aquatic therapy; cervical epidural steroid injection therapy; and extensive periods of time off of work. In a Utilization Review Report dated August 15, 2013, the claims administrator denied a request for Donnatal. The utilization reviewer stated that the attending provider did not furnish the rationale for usage of this particular drug. The applicant's attorney subsequently appealed. In a progress note dated April 10, 2014, the applicant was given diagnosis of chronic pain syndrome, edema, acrocyanosis, low back pain, hypothyroidism, arterial insufficiency, and venous insufficiency. The applicant's medication list did include Albuterol, Atrovent, Colace, Donnatal, Dulcolax, gas relief capsules, potassium, Lipitor, Lyrica, Motrin, Nexium, Norco, Premarin, QVAR, and Synthroid. The applicant did have issues with abdominal pain. It was stated, admittedly very briefly. On March 10, 2014, the applicant was again described as using Donnatal, along with a variety of other drugs. The applicant did report low back pain and leg cramps on this date. Donnatal again remained on the applicant's medication list, it was stated. The applicant was described as off of work, on total temporary disability, on February 26, 2014. The applicant was reporting persistent opioid induced constipation, it was stated. Earlier notes interspersed throughout 2012 were notable for comments that the applicant remained off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO: DONNATAL, #60; 7/5/2013:** 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 Physicians' Desk Reference (PDR), Donnatal Medication Guide.

**Decision rationale:** The MTUS does not address the topic. As noted by the Physicians' Desk Reference (PDR), Donnatal is considered possibly effective for adjunctive usage in the treatment of irritable bowel syndrome and/or in the treatment of duodenal ulcers. The PDR goes on to note, however, that no conclusive benefit has been established with Donnatal in the treatment of any of the aforementioned diagnostic concerns. The overall support for Donnatal usage in the PDR appears to be quite tepid. In this case, the attending provider has not proffered any applicant-specific information, rationale, or commentary so as to justify ongoing usage of Donnatal. It was not clearly stated why and for what purpose the applicant was using Donnatal. It was not clearly stated why the applicant was using Donnatal on a regular or scheduled basis versus on as-needed basis. Given the lack of support for the request in question, Donnatal is not medically necessary.