MAXIMUS Federal Services

Case Number:	CM13-0071687		
Date Assigned:	01/08/2014	Date of Injury:	07/24/2008
Decision Date:	05/21/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/24/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 patient is a 35-year-old male who reported an injury on 07/27/2008. The mechanism of injury was not stated. The patient is currently diagnosed with history of traumatic blow to the abdomen and chest with a history of exploratory laparotomy for ileal repair, chronic back pain with lumbar sprain, history of H. pylori infection, history of gastric motility disorder, intermittent abdominal cramps, and dyspepsia. The patient was seen by [redacted] on 08/27/2013. The patient reported severe pain in the lower back with muscle cramps and radiation to the bilateral lower extremities. The patient also reported intermittent abdominal cramps, stomach pain, and burning sensation in the stomach. Physical examination on that date revealed tenderness over the periumbilical area and epigastric area, positive bowel sounds, 1+ distal pulses equally, limited lumbar range of motion, intact sensation and motor strength, and normal ambulation. Treatment recommendations at that time included a refill of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

DONNATAL #45: 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) Chronic Pain

Chapter, Compound Drugs and www.nlm.nih.gov. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 27 March 2014

Decision rationale: Official Disability Guidelines state compound drugs are not recommended as a first line therapy for most patients, but recommended as an option after a trial of first line FDA approved drugs, if the compounded drug uses FDA approved ingredients that are recommended in Official Disability Guidelines. Donnatal is a belladonna alkaloid and Phenobarbital combination that is used to relieve cramping pains in conditions such as irritable bowel syndrome and spastic colon. It is also used with other medication to treat ulcers. As per the documentation submitted, the patient has utilized Donnatal tablets, once to twice daily every 4 to 6 hours as needed for abdominal cramps, since at least 01/2013. However, despite ongoing use, the patient continues to report persistent abdominal pain and cramping. There is no documentation of objective improvement following the ongoing use of this medication. The patient does not maintain a diagnosis of irritable bowel syndrome or spastic colon. Based on the clinical information received, the request is non-certified.