

Case Number:	CM14-0069286		
Date Assigned:	07/14/2014	Date of Injury:	07/31/1999
Decision Date:	09/15/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/14/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

This patient is a 43 year-old with a date of injury of 07/31/99. A progress report associated with the request for services, dated 04/15/14, identified subjective complaints of low back pain into the right leg as well as right knee pain. She was noted to be status post gastric bypass. Objective findings included negative findings in the abdomen. There was limited range of motion of the lumbar spine. Diagnoses included intermittent episodes of constipation and nausea and abdominal pain and stomach cramps of unknown etiology. Treatment had included medications (Effexor, Bentyl, Ativan, and Norco) and a Synvisc injection into the knee. She uses the Bentyl for occasional stomach cramps. A Utilization Review determination was rendered on 04/28/14 recommending non-certification of "Bentyl 20MG #90 (dicyclomine)".

IMR ISSUES, DECISIONS AND RATIONALES

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

Bentyl 20MG #90 (dicyclomine): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dicyclomine (Bentyl).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate: Bentyl.

Decision rationale: Bentyl (dicyclomine) is an anticholinergic agent often used for gastrointestinal disorders such as functional bowel syndrome. Neither the California Medical Treatment Utilization Schedule (MTUS) nor the Official Disability Guidelines (ODG) addresses the use of Bentyl. Authoritative sources note its utility with intestinal spasm. The non-certification was based upon concern for side effects. However, intestinal cramping is documented in the record and no side effects are noted. Therefore, the record does document the medical necessity for Bentyl.