

Case Number:	CM14-0096293		
Date Assigned:	09/15/2014	Date of Injury:	07/28/2000
Decision Date:	11/05/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/24/2014

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 Internal Medicine and Pulmonary Diseases 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 injured worker is a 60-year-old male who reported an injury on 07/28/2000. The mechanism of injury was not provided. On 09/15/2014, the injured worker presented with abdominal pain and constipation. Upon examination the injured worker had positive tremor in the left arm. The diagnoses were small hiatal hernia with mild gastritis, IBS (irritable bowel syndrome) gastropathy due to med use in ortho condition. Current medications included Amitiza and lactulose. The provider recommended Bentyl 10 mg with a quantity of 120. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bentyl 10 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Geriatrics Society 2012 Beers Criteria Update Expert panel. J Am Geriatr Soc. 2012 Apr; 60 (4); 616-31

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: RxList, Bentyl, OnLine Database: <http://www.rxlist.com/bentyl-drug.htm>.

Decision rationale: The request for Bentyl 10 mg with a quantity of 120 is not medically necessary. According to scientific based research, Bentyl is an antispasmodic and anticholinergic agent. It is recommended for treatment of irritable bowel syndrome, digestive disease and diverticulitis. The recommended initial dose is 20 mg 4 times a day. After 1 week of treatment with the initial dosing the dose may be increased up to 40 mg 4 times a day, unless side effects limit dosage escalation. If efficacy is not achieved within 2 weeks or side effects require doses below 80 mg a day, the drug should be discontinued. The injured worker has a diagnosis of irritable bowel syndrome. The provider's request, however, does not indicate the frequency of the medication in the request as submitted. Additionally, the efficacy of the prior use of the medication has not been provided. As such, medical necessity has not been established.