

Case Number:	CM14-0200204		
Date Assigned:	12/10/2014	Date of Injury:	04/04/1997
Decision Date:	01/27/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/01/2014

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 is licensed to practice in District of Columbia. 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 sustained a work related injury on April 7, 1997, when standing up in the back of a truck, hitting the back of the neck on an overhead rack, with the diagnoses of low back pain, neck pain, and myofascial pain. The injured worker's previous conservative treatments were noted to include oral medications, physical therapy, and injections. A physician visit on October 27, 2014, was noted to show the injured worker with complaints of low back pain and neck pain. Physical examination was noted to show the cervical spine with tenderness at C4-C6, with paraspinal spasms, trapezius trigger points, and a normal sensory and motor examination. The lumbar spine was noted to have tenderness at L4-L5 with paraspinal spasm and trigger points at L4 and L5, with the sensory and motor examinations normal. The Physician's impressions were noted to be lumbar spine degenerative joint disease/degenerative disc disease with myofascial pain, cervical degenerative disc disease with myofascial pain, post traumatic headache, gastroesophageal reflux disease (GERD), and depression. The injured worker was noted to be stable and to continue the present medication regimen. The Physician requested authorization for Hyoscyamine SR 0.375mg #120. On November 12, 2014, Utilization Review evaluated the request for Hyoscyamine SR 0.375mg #120, citing the MTUS Chronic Pain Medical Treatment Guidelines, the Official Disability Guidelines (ODG), and www.nih.gov. The UR Physician noted that Hyoscyamine is used to control symptoms associated with disorders of the gastrointestinal tract, and the treatment of bladder spasms, peptic ulcer disease, diverticulitis, colic, irritable bowel syndrome, cystitis, pancreatitis, certain heart conditions, and to control symptoms of Parkinson's disease and rhinitis, and to reduce excess saliva production. The UR Physician noted that there was no evidence that the injured worker had any of the symptoms listed and that the clinical reason for prescribing the medication was not understood,

therefore the request for Hyoscyamine SR 0.375mg #120 was recommended non-certified. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyoscyamine SR 0.375 mg#120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18, 72, 75, 80-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness, antidepressant medication

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: <http://www.rxlist.com/levsin-drug/indications-dosage.htm>

Decision rationale: MTUS and ACOEM do not address this medication so alternate guidelines were sought. Per guidelines, Levsin (hyoscyamine) is effective as adjunctive therapy in the treatment of peptic ulcer. It can also be used to control gastric secretion, visceral spasms and hypermotility in spastic colitis, spastic bladder, cystitis, pylorospasm, and associated abdominal cramps. May be used in functional intestinal disorders to reduce symptoms such as those seen in mild dysenteries, diverticulitis, and acute enterocolitis. For use as adjunctive therapy in the treatment of irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and functional gastrointestinal disorders. Also used as adjunctive therapy in the treatment of neurogenic bladder and neurogenic bowel disturbances (including the splenic flexure syndrome and neurogenic colon). Also used in the treatment of infant colic (elixir and drops). Levsin (hyoscyamine) is indicated along with morphine or other narcotics in symptomatic relief of biliary and renal colic; as a "drying agent" in the relief of symptoms of acute rhinitis; in the therapy of parkinsonism to reduce rigidity and tremors and to control associated sialorrhea and hyperhidrosis. May be used in the therapy of poisoning by anticholinesterase agents. Per review of clinical documentation, there is no medical indication for this drug. The request is not medically necessary.