

Case Number:	CM14-0202985		
Date Assigned:	12/15/2014	Date of Injury:	10/23/2007
Decision Date:	02/05/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/04/2014

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 Physical Medicine Rehabilitation, has a subspecialty in Pain 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:

This is a male patient with a date of injury of October 23, 2007. A utilization review determination dated November 5, 2014 recommends non-certification of Donnatal 16.2 mg #90 with 3 refills, the request was modified to 0 refills. A progress note dated October 27, 2014 identifies subjective complaints that the patient reports that he is stable on the current regimen, the medications provide effective pain relief, the medication allows for the patient to experience less pain and be more active, there are no adverse effects, and there are no aberrant drug seeking behaviors. The patient continues to have low back pain. The physical examination identifies that the abdomen is soft and nontender. The lumbar spine reveals paraspinal tenderness over L3-5, and active range of motion is decreased with extension after flexion. The diagnoses include irritable bowel syndrome, lumbago, lumbar disc degeneration, and depression with anxiety. The treatment plan recommends that the patient keep his appointment for nerve blocks, a prescription for Donnatal 16.2mg, and a prescription for oxycodone 15 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Donnatal 16.2mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 23.

Decision rationale: Regarding the request for Donnatal (atropine, hyoscyamine, phenobarbital, and scopolamine) 16.2mg #90 with 3 refills, Chronic Pain Medical Treatment guidelines state that barbiturate containing analgesic agents are not recommended for chronic pain. The guidelines further state that the potential for drug dependence is high and there is no evidence that exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. As such, the currently requested Donnatal 16.2mg #90 with 3 refills is not medically necessary.