

<b>Case Number:</b>	CM15-0135257		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	03/11/2003
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 36 year old male who sustained a work related injury March 11, 2003. While stretching out a roll of fabric, he felt a sharp pain in his lower back and a warm sensation that spread throughout his neck, upper back, abdominal area and left knee. Past history included sinus surgery and vasculitis. According to an initial and comprehensive gastroenterology report, dated June 11, 2015, the injured worker presented with abdominal pain, diarrhea, constipation and heart burn. Physical examination revealed the abdomen is soft and moderately tender over the epigastric area with some tenderness over the sides of the abdomen without hepatosplenomegaly, bowel sounds are present. There is tenderness over the cervical and dorsolumbar area along with tenderness over his knees. An upper and lower gastrointestinal endoscopy September, 2012, was consistent with reflux disease and gastroesophageal reflux, mild gastritis. A colonoscopy revealed evidence of internal hemorrhoids. Impression was documented as gastroesophageal acid reflux aggravated by the use of non-steroidal anti-inflammatory medications; dysphagia; intermittent diarrhea, constipation, possibly irritable bowel syndrome; possible lactose intolerance. At issue, is the request for authorization for Bentyl.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bentyl #60 Sig: 10mg twice daily: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Literature published by drug manufacturer.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation dicyclomine (Rx) Benty.  
<http://reference.medscape.com/drug/bentyl-dicyclomine-341987>.

**Decision rationale:** Bentyl is an anticholinergic agents used to treat irritable bowel syndrome. There is no documentation that the patient developed irritable bowel syndrome. Therefore, the request for Bentyl #60 Sig: 10mg twice daily is not medically necessary.