

Case Number:	CM15-0164655		
Date Assigned:	09/02/2015	Date of Injury:	04/13/1999
Decision Date:	10/05/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 65 year old female who sustained an industrial injury on 4-13-1999. She presented post-lumbar post fusion status post multilevel reconstruction, cauda equina, and chronic radicular pain as well as chronic pain syndrome. Diagnoses include lumbar post laminectomy syndrome and injury of cauda equina. Treatment has included medications, functional restoration program, and a home exercise program. She was ambulatory. She had a negative seated straight leg raise bilaterally. There was no extensor hallucis longus weakness. The treatment plan included medications. The treatment request included Bentyl cap 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bentyl cap 10 mg #90 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bentyl prescribing information.

Decision rationale: The claimant has a remote history of a work injury occurring in April 1999 with treatments including a multilevel lumbar fusion in September 2002 and lumbar decompression for cauda equina syndrome in February 2005. Her past medical history includes hypertension, elevated cholesterol, non-insulin-dependent diabetes, and gastroparesis. When seen, she had developed a tolerance to Suboxone. She was continuing to take dialogue did which was allowing her to maintain her activities of daily living and home exercise program. Physical examination findings included negative straight leg raising. There was no lower extremity weakness. Lower extremity reflexes were absent. Medications were prescribed. Bentyl is indicated for the treatment of irritable bowel syndrome. In this case, the claimant does not have this diagnosis. She has a history of diabetes, gastroparesis, and chronic opioid use. Bentyl would be relatively contraindicated in the presence of these conditions, as it would be expected to slow transit time through the gastrointestinal tract. It is not medically necessary.