

Case Number:	CM15-0194543		
Date Assigned:	10/08/2015	Date of Injury:	06/05/2005
Decision Date:	11/18/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/05/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 61-year-old female who sustained an industrial injury on 6-5-2005. Diagnoses in the provided progress notes include anxiety, fibrositis, and tension headache. On 9-22-2015, the progress report states the injured worker reported with continued headache, anxiety fatigue, and generalized aching. A request was submitted for a 90-day supply of Hyoscyamine sublingual tablets #540, but there is no documentation provided from this visit or within the prior six months of available records discussing length of time on the medication, or response to the medication. The medication was denied on 9-28-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyoscyamine Sublingual 0.0125 mg #540: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation SUSAN K. HADLEY, M.D., Middlesex Hospital, Middletown, Connecticut STEPHEN M. GAARDER, PH.D., Applied Research Group, Middletown, Connecticut Am Fam Physician. 2005 Dec 15;72(12):2501-2508 Treatment of Irritable Bowel Syndrome.

Decision rationale: As noted in the guidelines and referenced literature, Hyoscyamine Sublingual 0.0125 mg is used for improving motility of the GI tract used adjunctively for peptic ulcers and irritable bowel. In this case, the claimant does have reflux for which she is on Nexium (PPI). In this case, there was no mention of irritable bowel. The request and justification for Hyoscyamine was not provided. The Hyoscyamine is not medically necessary.