MAXIMUS Federal Services

Case Number:	CM15-0021241		
Date Assigned:	02/10/2015	Date of Injury:	06/15/2011
Decision Date:	03/25/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/03/2015

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: North Carolina
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 52-year-old male, who sustained an industrial injury on 6/15/11. He has reported pain in the neck, lower back, and left hip related to a fall. The diagnoses have included lumbago, cervicalgia and generalized abdominal pain. Treatment to date has included MRI of the lumbar spine, cervical branch block, and oral medications. As of the PR2 dated 1/8/15, the injured worker reports ongoing 8/10 low back pain that extends to the left leg and back spasms. The treating physician requested Dilaudid 4mg #120, Opana ER 20mg #60, Opana ER 40mg #120, Dicyclomine 20mg #90 and Tizanidine 4mg #60. On 1/15/15 Utilization Review non-certified a request for Dicyclomine 20mg #90 and certified a request for Dilaudid 4mg #120, Opana ER 20mg #60, Opana ER 40mg #120, and Tizanidine 4mg #60. The utilization review physician cited the MTUS and ACOEM guidelines for chronic pain treatment. On 1/30/15, the injured worker submitted an application for IMR for review of Dilaudid 4mg #120, Opana ER 20mg #60, Opana ER 40mg #120, Dicyclomine 20mg #90 and Tizanidine 4mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dicyclomine - Bentyl 20 mg, one tablet, PO Q8 hours, 30 days for total of 90 (Anticholinergic): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation ACOEM guidelines chapter 6, page 116; OPIOIDS. Journal Practical Pain Management (Sept. 2004) Chronic Pain Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation physician desk reference

Decision rationale: The California MTUS, ACOEM, and the ODG do not specifically address the requested medication. Per the Physician Desk Reference, the requested medication in used in the treatment of abdominal pain associated with irritable bowel syndrome. It is an anticholinergic that blocks chemicals in the smooth muscle of the stomach and intestines causing them to relax and reduce cramping. This patient has the diagnosis of chronic abdominal pain. Therefore, this medication is indicated as a potential treatment option and is certified.