

Case Number:	CM15-0223881		
Date Assigned:	11/20/2015	Date of Injury:	07/17/2013
Decision Date:	12/30/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/13/2015

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: California

Certification(s)/Specialty: Emergency 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 65-year-old female, who sustained an industrial injury on 07-17-2013. A review of the medical records indicates that the worker is undergoing treatment for cervical spondylosis with multilevel spondylolisthesis, left trochanteric bursitis, left third metatarsophalangeal joint capsulitis, left ankle talofibular ligament tear, left piriformis syndrome and bilateral shoulder internal derangement. Treatment has included pain medication, physical therapy, trigger point injections, aquatic therapy and surgery. Subjective findings (07-31-2015) showed continued significant pain relief one year post-op. Objective findings showed diffuse cervical spine tenderness, gross tenderness with painful arch, left greater than right and positive bilateral impingement signs. The worker was noted to be pending authorization for left shoulder arthroscopic rotator cuff repair. Plan of care included aquatic therapy and referral to ankle-foot surgeon. Subjective complaints (09-18-2015) included a return of neck pain radiating to the bilateral arms. The worker was noted to be one year post-op from left C4-C5 and C5-C6 medial branch radiofrequency rhizotomy. Objective findings (09-18-2015) included diffuse cervical spine tenderness, tenderness to palpation at the acromioclavicular joint left greater than right, positive bilateral impingement signs and limited range of motion of the cervical spine secondary to pain. A request for Hyoscyamine was submitted but there was no rationale given for the request. A utilization review dated 10-16-2015 non-certified a request for Hyoscyamine 0.25 #30 RF5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyoscyamine 0.25 #30 RF5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/drugs/2/drug-13766/hyoscyamine-oral/details>.

Decision rationale: The requested Hyoscyamine 0.25 #30 RF5, is not medically necessary. CA MTUS and ODG are silent. <http://www.webmd.com/drugs/2/drug-13766/hyoscyamine-oral/details> notes that this medication is used to treat irritable bowel syndrome and related abdominal cramps. The injured worker has a return of neck pain radiating to the bilateral arms. The worker was noted to be one year post-op from left C4-C5 and C5-C6 medial branch radiofrequency rhizotomy. Objective findings (09-18-2015) included diffuse cervical spine tenderness, tenderness to palpation at the acromioclavicular joint left greater than right, positive bilateral impingement signs and limited range of motion of the cervical spine secondary to pain. The treating physician has not documented evidence of irritable bowel syndrome nor functional improvement from previous use. The criteria noted above not having been met, Hyoscyamine 0.25 #30 RF5 is not medically necessary.