

<b>Case Number:</b>	CM14-0114533		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	05/27/2010
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 45-year-old female who reported an industrial injury on 5/27/2010, over 14 years ago, attributed to the performance of her customary job tasks. The patient complained of pain in the neck, upper and lower back, right shoulder, left shoulder and arm, left elbow, right wrist, left forearm, as well as the right ankle and foot. The objective findings on examination included sensation were intact along with tenderness to palpation. The patient was treated with physical therapy and consultations with internal medicine and a psychiatrist were requested. The diagnoses included abdominal pain; irritable bowel syndrome; cervical spine strain; thoracic spine disc bulge; abdominal spine disc bulge; right shoulder strain; left shoulder strain; left elbow strain; right carpal tunnel syndrome; left carpal tunnel syndrome; right ankle and foot strain; and other problems. The patient was prescribed Donnatal BID for severe abdominal cramps.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Donnatal, two times per day (no dose or quantity indicated): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 80-81. Decision based on Non-MTUS Citation Drugs.com, Updated 05/06/2014, drugs-com-mtm-donnatal-html.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Gen. disciplinary guidelines for the practice of medicine.

**Decision rationale:** Donnatal (belladonna alkaloids and phenobarbital) - Phenobarbital is in a group of drugs called barbiturates. Phenobarbital slows the activity of your brain and nervous system. Belladonna alkaloids produce many effects in the body, including reduced muscle spasms in the digestive or urinary tract, and reduced fluid secretions from certain glands or organs. The belladonna alkaloids included in this medication include, atropine, hyoscyamine, and scopolamine. The combination of belladonna alkaloids and phenobarbital is used to treat irritable bowel syndrome and ulcers in the intestine. Belladonna alkaloids and Phenobarbital may also be used for other purposes. The prescribed Donnatal is not supported by a rationale or objective evidence by the treating physician. There is no demonstrated medical necessity for the prescribed Phenobarbital and belladonna alkaloids for the treatment of abdominal cramps. There is no demonstrated functional improvement to the reported abdominal cramping. There is no provided nexus to the cited mechanism or the prescribed medications for the Donnatal. There is no demonstrated medical necessity for the prescribed Donnatal for the effects of the industrial injury.