

<b>Case Number:</b>	CM14-0129408		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	04/07/1997
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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:

The records presented for review indicate that this 63-year-old gentleman was reportedly injured on April 7, 1997. The mechanism of injury is noted as standing up in the back of a truck and hitting his head on a rack. The most recent progress note, dated July 3, 2014, indicates that there are ongoing complaints of neck pain and low back pain. The physical examination demonstrated tenderness along the cervical spine at C4, C5 and C6 and tenderness along the paraspinal muscles and trapezius with spasms. There was decreased cervical spine range of motion. Examination of the lumbar spine noted tenderness and spasms at L4 and L5. There was decreased range of motion and a normal lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine revealed degenerative disc disease. Previous treatment includes physical therapy and steroid injections. A request had been made for Hyoscyamine 0.375 mg and was not certified in the pre-authorization process on July 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hyoscyamine 0.375 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WebMD

**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: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a684010.html>

**Decision rationale:** Hyoscyamine is used to control symptoms associated with disorders of the gastrointestinal tract. It works by decreasing the motion of the stomach and intestines and the secretion of stomach fluids, including acid. Hyoscyamine is also used in the treatment of bladder spasms, peptic ulcer disease, diverticulitis, colic, irritable bowel syndrome, cystitis, and pancreatitis. The attached medical record indicates that the injured employee has been prescribed Hyoscyamine for years however there is no documentation of any abnormal gastrointestinal problems or conditions. As such, this request for Hyoscyamine 0.375 mg is not medically necessary.