

<b>Case Number:</b>	CM14-0096028		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	07/15/2010
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 48-year-old male patient who reported an industrial injury on 7/15/2010, attributed to the performance of his usual and customary job tasks reported as slipping and falling into the car pit area. The patient complained of upper extremity pain. The MRI of the left shoulder demonstrated a high grade partial thickness tear of the supraspinatus. Electrodiagnostic studies revealed bilateral upper extremity moderate carpal tunnel syndrome. The patient underwent left shoulder arthroscopic SLAP lesion repair, subacromial decompression and Mumford procedure on for/18/2011. The patient also underwent an esophagogastroduodenoscopy and colonoscopy on 3/13/2013, with operative findings of a large hiatal hernia, esophagitis, duodenitis, and internal hemorrhoids. The patient continued to complain of right sided episodic chest pain without shortness of breath and improved doll pain. The diagnoses included gastritis, GERD, do a denied is, hiatal hernia, dysphasia, you will bowel syndrome, internal hemorrhoids, status post H. pylori infection, diverticulosis, Dexilant, MiraLAX, Bentyl, Sentra a.m., Sentra PM, App-Trim D, and Senna S.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bentyl 10mg #135:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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:** The prescribed Bentyl 10 mg #135 is not supported by a rationale or objective evidence by the treating physician. There is no demonstrated medical necessity for the prescribed anticholinergic agent for the treatment of abdominal issues speculated to be medication side effects or effects of the industrial injury. There is no demonstrated functional improvement documented for the prescribed Bentyl. There is no provided nexus to the cited mechanism or the prescribed medications for the Bentyl. There is no demonstrated medical necessity for the prescribed Bentyl for the effects of the industrial injury. Bentyl is recommended for treatment of irritable bowel syndrome and is being prescribed off label. There is no nexus to the cited mechanism of injury provided by the prescribing physician. BENTYL is an antispasmodic and anticholinergic (antimuscarinic) agent available in the following dosage forms: BENTYL capsules for oral use contain 10 mg dicyclomine hydrochloride USP. BENTYL 10 mg capsules also contain inactive ingredients: calcium sulfate, corn starch, FD&C Blue No. 1, FD&C Red No. 40, gelatin, lactose, magnesium stearate, pregelatinized corn starch, and titanium dioxide. BENTYL tablets for oral use contain 20 mg dicyclomine hydrochloride USP. BENTYL 20 mg tablets also contain inactive ingredients: acacia, dibasic calcium phosphate, corn starch, FD&C Blue No. 1, lactose, magnesium stearate, pregelatinized corn starch, and sucrose. Bentyl (dicyclomine hydrochloride) is indicated for the treatment of patients with functional bowel/irritable bowel syndrome. As such, this request is not medically necessary.