

Case Number:	CM15-0013478		
Date Assigned:	02/02/2015	Date of Injury:	03/11/2003
Decision Date:	03/30/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/23/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 36-year-old male with a reported date of injury on 03/11/2013. The mechanism of injury was not provided for review. The injured worker's diagnoses included abdominal pain, gastropathy, constipation/diarrhea, bright red blood per rectum, and internal hemorrhoids. A clinical note dated 09/03/2014 noted the injured worker had subjective complaints of abdominal pain, bright red blood per rectum, and constipation. On physical examination, the injured worker had an abdomen that was soft and there was normoactive bowel sounds. Under the treatment plan, it was noted that the physician was requesting medications to include Bentyl and a GI consultation secondary to gastroesophageal reflux disease and rectal bleeding.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bentyl #90 10mg twice a day: 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: http://www.accessdata.fda.gov/drugsatfda_docs/label/2011/007409s0411bl.pdf

Decision rationale: The California MTUS/ACOEM Guidelines and the Official Disability Guidelines do not address this requested medication. However, the United States Food and Drug Administration states that Bentyl is indicated for use in patients who are diagnosed with functional irritable bowel syndrome. The U. S. Food and Drug Administration also states that the starting dose should be 20 mg 4 times a day. There was a lack of evidence within the documentation that the injured worker has been diagnosed with irritable bowel syndrome. In addition, the request is not the appropriate dosage for this medication. Furthermore, there was no rationale provided in the documentation as to why the physician is prescribing this medication. Moreover, it is not appropriate to prescribe this medication prior to the consult with a GI specialist. Therefore, the request for Bentyl #90 ten mg twice a day is not medically necessary.