

<b>Case Number:</b>	CM15-0128635		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	10/18/2013
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 48-year-old male sustained an industrial injury on 10/18/13. The injured worker was diagnosed with an umbilical hernia. The injured worker underwent umbilical hernia repair on 1/23/14. Abdominal ultrasound (1/7/15) showed fatty infiltration of the liver with enlargement of the spleen. The injured worker complained of ongoing abdominal pain and acid reflux despite taking Prilosec. On 4/2/15, the injured worker was initiated on Bentyl. In a PR-2 dated 5/7/15, the injured worker reported improving abdominal pain and acid reflux. Physical exam was remarkable for soft abdomen with normoactive bowel sounds. Current diagnoses included abdominal pain, acid reflux, and umbilical hernia status post repair and elevated blood pressure. The treatment plan included monitoring blood pressure, following a low fat, low-acid diet and continuing medications (Prilosec and Bentyl).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bentyl 10mg, 60 tablets:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principle of Internal Medicine, 14th edition, Disorders of the Gastrointestinal System.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, bentyl.

**Decision rationale:** The California MTUS, ODG and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of abdominal pain due to a variety of etiologies. The patient does have abdominal pain and no contraindications to taking the medication. Therefore, the request is medically necessary.