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| Case Number: | CM13-0004274 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 03/04/1980 |
| Decision Date: | 02/27/2014 | UR Denial Date: | 07/09/2013 |
| Priority: | Standard | Application Received: | 07/29/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular 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 physician 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:

██████████ is a 72 year old with PMH history of hypertension, diabetes, myocardial infarction who sustained a work related injury on March 1980. According to note of December 4 2013. The patient pain (back pain) is under fair control allowing him to do well. His pain level is 6/10. Physical examination did not demonstrate any focal neurological signs. His current medications include Hydromorphone, Neurontin and Mobic. He was diagnosed with post laminectomy syndrome, bulging lumbar disc and sciatica. The provider is requesting authorization to use Hydromorphone 8 mg tid for 3 months and Amitiza 1 cap bid for 5 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza oral capsule 24mcg, #60 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Opioid induced constipation treatment

Decision rationale: MTUS guidelines did not address the use of Amitiza for constipation treatment. According to ODG guidelines, Amitiza is recommended as a second line treatment for

opioid induced constipation. The first line measures are : increasing physical activity, maintaining appropriate hydration, advising the patient to follow a diet rich in fiber, using some laxatives to stimulate gastric motility, and use of some other over the counter medications. It is not clear from the patient file that first line measurements were used. Therefore the use of Amitiza 24 mcg # 60 w/refills is not medically necessary.

Hydromorphone HCL oral tablet 8mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-92.

Decision rationale: According to MTUS guidelines, Hydromorphone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute not operative pain. It is not recommended for chronic pain of longterm use as prescribed in this case. Furthermore, there is no objective justification of the current increase of morphine equivalents from what the patient was previously taking. Therefore Hydromorphone 8 mg is not medically necessary.