

Case Number:	CM13-0035479		
Date Assigned:	03/19/2014	Date of Injury:	12/05/2011
Decision Date:	04/23/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/17/2013

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 Practice, 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:

The patient is a 59-year-old female who reported an injury on 12/15/11. The mechanism of injury involved a fall. The patient is currently diagnosed with abdominal pain, acid reflux, constipation, weight gain, sleep disorder, psychiatric diagnosis, and orthopedic diagnosis. The patient was seen by [REDACTED] on 8/14/13. The patient reported gastrointestinal complaints. The patient has been previously treated with rest, heating pads, and prescription medication. The patient has continuously reported ongoing abdominal pain. Physical examination on that date revealed 1+ abdominal tenderness to palpation. Treatment recommendations included a gastrointestinal consultation as well as prescriptions for Prilosec, Gaviscon, Colace, simethicone, and Amitiza. The patient was advised to avoid NSAIDs and follow a low acid, low fat diet.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 AMITIZA 24MCG.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine. US Department of Health and Human Services National Institute of Health. Updated: 27 March 2014.

Decision rationale: Amitiza is used to relieve stomach pain, bloating, and straining in patients who have chronic idiopathic constipation for three months or longer. It is also used to treat irritable bowel syndrome. As per the documentation submitted, the patient does report persistent abdominal pain. The patient's physical examination does reveal 1+ tenderness to palpation. However, there is no evidence of stomach bloating or chronic constipation for longer than three months. The patient does not maintain a diagnosis of irritable bowel syndrome. The patient was also prescribed Colace, and instructed to avoid NSAIDs and follow a low fat, low acid diet. The patient is also pending a gastrointestinal consultation for an endoscopy and colonoscopy. Based on the clinical information received, the request is non-certified.