

Case Number:	CM13-0046205		
Date Assigned:	12/27/2013	Date of Injury:	02/01/2010
Decision Date:	05/09/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 with date of injury of 02/01/2010. The listed diagnoses per [REDACTED] dated 10/16/2013 are Gastropathy secondary to anti-inflammatory medications, Ortho condition, analgesic induced-constipation, cervical radiculopathy, bilateral carpal tunnel syndrome, bilateral shoulder impingement syndrome, lumbar spine radiculopathy, plantar fasciitis, anxiety, sleep disorder, and status post cholecystectomy. According to the hand-written and poorly legible progress report by [REDACTED], the patient complains of gastrointestinal issues and constipation. She states that reflux is better with medication use. The objective findings were difficult to read and decipher. The patient's current medications include: Protonix, Amitiza, Hydrocodone, Omeprazole, Orphenadrine ER, Medrox ointment, and Docusate Sodium. The treating physician is requesting a refill for Amitiza and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMITIZA 24 MCG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain Page(s): 60-61.

Decision rationale: Amitiza belongs to a group of drugs classified as chloride channel activators. It treats certain types of long-term constipation sometimes caused by the use of opioids. The MTUS Chronic Pain Medical Treatment Guidelines states that when medications are used for chronic pain, efficacy must be documented. In this case, review of the medical records show that the patient has been taking Amitiza since 06/04/2013. The treating physician has been prescribing Amitiza for the patient's constipation. However, there are no documentations as to how this medication has been helpful. Amitiza is not mentioned in the progress reports to show that it's been effective or not. The request for Amitiza 24 MCG # 90 is not medically necessary and appropriate.

PROTONIX 20 MG, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: Protonix is a group of drugs called proton pump inhibitors. It decreases the amount of acid produced in the stomach. It is used to treat erosive esophagitis and other conditions involving excess stomach acid such as Zollinger-Ellison syndrome. The MTUS Chronic Pain Medical Treatment Guidelines state that PPI's are recommended with precaution for patients at risk for gastrointestinal events: 1) Ages greater than 55, 2) History of peptic ulcer disease or GI bleeding or perforation, 3) Concurrent use of ASA or corticosteroid and/or anticoagulant, 4) High-dose multiple NSAIDS. The review of reports from 01/02/2013 to 10/18/2013 show that the patient has been taking Protonix since 02/26/2013. The treater mentions medication efficacy stating, "As long as taking Protonix doing better, not bad." The patient does present with gastrointestinal issues as a result of medication use. However, the documents show that the patient is also currently taking Omeprazole and the patient is not on any NSAIDs currently. It is not known what medication is currently causing the patient's upset stomach. The treating physician does not explain why this patient requires both Prilosec and Protonix. However, the request for Protonix is appropriate given it's efficacy. The request for Protonix 20 mg # 90 is medically necessary and appropriate.