

Case Number:	CM13-0068171		
Date Assigned:	01/03/2014	Date of Injury:	06/23/2010
Decision Date:	06/25/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/19/2013

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 Anesthesiologist and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 47-year-old female who reported an injury on 06/23/2010. The mechanism of injury was not provided within the medical records. The clinical note dated 11/27/2013 indicated left L5 radiculopathy, left L5-S1 spondylolisthesis- grade I, L5-S1 lateral recess stenosis, right cervical radiculopathy, C5-6 disc herniation, C5-6 stenosis, left foot drop, status post left L5 foraminotomy and L4-5 laminectomy- 09/02/2012, and status post L5-S1 transforaminal lumbar interbody fusion, 11/10/2011. The injured worker reported worsening of severe pain to her neck which extended into her right upper extremity. The injured worker reported severe left foot pain, left ankle and leg pain, and left greater trochanteric pain rated at 10/10. The injured worker reported numbness to her arms and fingers bilaterally, constant numbness to her face, worse on the right than the left, and constant depression and anxiety. The injured worker reported constipation and bowel dysfunction. On physical exam of the cervical spine and upper extremities, there was tenderness to palpation of the cervical paravertebral right interscapular space and across the trapezius bilaterally, decreased sensation over the right upper extremity and local pain at the cervical spine. The injured worker's prior treatments were not provided for review. The injured worker's medication regimen included Cymbalta, Ambien, Zanaflex, Motrin, Xanax, and Tylenol with codeine, and Amitiza. The treatment plan included recommendations for prescriptions of Medrol Dosepak, Amitiza and Norco, a medical legal evaluation for review and a follow-up in 4 to 6 weeks for re-evaluation. The request for authorization was submitted on 12/04/2013 for Amitiza; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMITIZA 24 MCG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Initiating Therapy Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Constipation, Opioid-induced constipation treatment

Decision rationale: The request for Amitiza 24 MCG is not medically necessary. The California Chronic Pain Medical Treatment Guidelines indicate prophylactic treatment of constipation should be initiated. The Official Disability Guidelines (ODG) further state constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy. The guidelines note, if the first-line treatments such as increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet rich in fiber or laxatives do not work, second-line options may be indicated. The guidelines indicate Amitiza shows efficacy and tolerability in treating opioid-induced constipation without affecting patients' analgesic response to the pain medications. The clinical noted indicated the injured worker had constipation; however, there was lack of evidence to indicate first-line treatments such as increasing water, following a proper diet, stool softeners or laxatives have failed. In addition, the request did not specify the frequency and quantity of the medication being requested. Therefore, per the Official Disability Guidelines (ODG), the request for Amitiza 24 MCG is not medically necessary.