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| <b>Case Number:</b>   | CM14-0004943 |                              |            |
| <b>Date Assigned:</b> | 04/25/2014   | <b>Date of Injury:</b>       | 06/26/1986 |
| <b>Decision Date:</b> | 05/27/2014   | <b>UR Denial Date:</b>       | 12/20/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/14/2014 |

### 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, has a subspecialty in Pain Management 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 57 year old male claimant who sustained a work injury on 6/26/86 resulting in a diagnosis of L5-S1 disc bulging, lumbar strain, meniscal tear, DVT, and lumbar infection from a discogram. An exam note on 2/18/14, states that the claimant had 10/10 pain which was reduced to 7/10 while taking pain medication which included Oxycontin, Percocet and Soma. The patient had been on Miralax but there was no comment in the note about constipation. An exam note on 3/18/14 noted that the claimant had chronic constipation and was previously given samples of Amitiza which prevented him from straining. Medication list included the same pain medications as the prior visit including Miralax. A request was made for continuation of Amitiza for the patient's constipation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMITIZA 24MCG, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMITIZA: <http://www.drugs.com/amitiza.html>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIODS Page(s): 77. Decision based on Non-MTUS Citation OPIODS.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment should be initiated for constipation for those on opioids. In this case, the claimant had been on Miralax to assist with constipation. Its length of use and response were not documented. The amount, length of use and frequency of prior sample use of Amitiza is unknown. Furthermore, Amitiza is approved (per the product site) for use of idiopathic constipation. In this case, constipation is likely due to opioids. The request for Amitiza 24 mcg # 60 is not medically necessary and appropriate.