

<b>Case Number:</b>	CM14-0101120		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/08/2001
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Internal 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 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 67-year-old with history of industrial injury on May 08, 2001. She has carried diagnosis of right foot metatarsal fracture, thoracic and lumbar spinal strain, spinal cord stimulator implantation, bilateral shoulder tendinitis and having gone through a detoxification program. She is currently on Norco 10/325 mg orally every day (PRN) as needed. On average the injured worker is taking about four pills per week. Of note, she has a reported history of Crohn's disease. She has been prescribed Amitiza 24 mcg twice daily for management of constipation. Diagnoses of hypertension, falls, chronic pain, headaches, psychiatric comorbidity and history of polypharmacy. Medications have included Laxacin, Amitiza, Topamax, Norco, Imitrex and Effexor. The request is to continue Amitiza twice daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitiza 24 mcg, sixty count:** Upheld

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

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

**Decision rationale:** The injured worker has a diagnosis of constipation for which Amitiza was requested. There is no documentation of failure of Laxacin, Amitiza is considered a second line treatment in case of failure of therapy with first line agents. Further, no comprehensive history, physical examination and evaluation has been performed for the constipation. Although the constipation is attributed to chronic opiate therapy, the patient has reduced her use of opiates considerably and the constipation has not improved. Therefore, the possibility that other causes of constipation exist have not been ruled out or evaluated. At age 67, the injured is at risk for serious conditions including colorectal malignancy. Therefore, the request is not consistent with the guidelines and prudent medical practice. As such, the request for Amitiza 24 mcg, sixty count, is not medically necessary or appropriate.