

Case Number:	CM14-0106536		
Date Assigned:	07/30/2014	Date of Injury:	09/28/2009
Decision Date:	08/29/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine and Rehabilitation 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 51-year-old female who reported an injury on 09/28/2009. The diagnoses was thoracic/lumbosacral neuritis/radiculitis unspecified. The injured worker's prior treatments included: acupuncture, physical therapy, and medications including; Tramadol, Vicodin, Norco, Nucynta, MSIR, Tylenol with codeine, Percocet, Dilaudid, Celebrex, Butrans patches, Fentanyl patches and Lidoderm patches as well as trigger point injections of the cervical and lumbar region. The injured worker additionally underwent bilateral transforaminal epidural injections, 8 bilateral transforaminal epidural injection at L4-L5. The documentation of 05/16/2013 revealed the injured worker was taking omeprazole, ibuprofen, Tylenol, Amitiza, morphine sulfate IR and Laxacin. The injured worker underwent an EMG/NCV. The documentation indicated the injury occurred as the injured worker was assisting a patient from the car to a wheelchair. The documentation of 04/23/2014 revealed the injured worker was experiencing increased left-sided low back pain radiating to the left buttock down the thigh to the level of the knee. The documentation indicated additionally the injured worker was utilizing ibuprofen and had discontinued Miralax. The injured worker had continued symptoms of constipation and GERD. The injured worker indicated medications were helpful. The documentation indicated the injured worker was utilizing omeprazole for GI symptoms caused by medications and was utilizing Amitiza and Laxacin for constipation. The diagnoses included C5-C6 3 mm central disc protrusion with persistent cervical pain and referred pain into the shoulders and upper back, persistent low back pain with L4-L5 disc desiccation and annular tear with small central disc protrusion, chronic L4-L5 radiculopathy on the left and minimal evidence of L5 reinervation on the right per EMG and NCV of 03/28/2012, chronic constipation, gastroesophageal reflux disease, and depression and anxiety. The treatment plan included an updated MRI, the

continuation of Prilosec 20 mg for symptoms of GERD and Amitiza 25 mcg twice a day for chronic constipation as well as Laxacin 2 tablets twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza 25mcg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): page 77.

Decision rationale: The California MTUS Guidelines recommend prophylactic treatment of constipation for injured workers on opioid therapy. The clinical documentation submitted for review indicated the injured worker was finding benefit with the medication. However, there was a lack of documentation of objectification of benefit. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Amitiza 25 mcg #60 is not medically necessary.

Nexium 40mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend Proton-pump inhibitor's for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated that the medication was beneficial. However, there was lack of documentation indicating the injured worker's Gastroesophageal reflex was under control with the use of the medication. Additionally, the request as submitted failed to indicate the quantity and frequency. The documentation indicated the injured worker was taking Prilosec. There was a lack of documentation of a DWC form, RFA, or PR2 for the Nexium request. Given the above, the request for Nexium 40 mg, is not medically necessary.