

<b>Case Number:</b>	CM14-0016832		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	10/30/2003
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 patient is a 75-year-old male patient with a 10/30/03 date of injury. The mechanism of injury was not provided. The 11/19/13 progress report indicated the patient did not have any positive changes of his GERD symptoms with medication and diet. He reported that his constipation was worsening. Physical exams from at least 2/8/13 to 11/18/13 demonstrated a soft abdomen with normoactive bowel sounds. He was first prescribed Amitiza on 11/19/13. He was diagnosed with abdominal pain (currently asymptomatic), constipation secondary to pain medication, GERD secondary to medication, hypertension and hyperlipidemia. Treatment to date include medication management. There is documentation of a previous 1/15/14, because the patient did not have constipation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMITZA 24MCG #60 (LUBIPROSTONE):** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Pain Chapter: Amitza, Lubiprostone Other Medical Treatment Guideline or Medical Evidence: FDA, Amitza(Lubiprostone) (www.drugs.com).

**Decision rationale:** The Official Disability Guidelines (ODG) states that Amitiza is approved as a second-line agent for opioid-induced constipation. The FDA states that Amitiza increases the secretion of fluid in your intestines to help make it easier to pass stools. Amitiza is used to treat chronic constipation, or constipation caused by opioid (narcotic) pain medicine. In the most recent available progress report dated on 11/20/13, indicated that the patient had worsening of constipation. The patient continues to have ongoing constipation, despite the fact that he is already on Colace. Amitiza is indicated for the treatment of chronic constipation. Therefore, the request for Amitza 24mcg #60 (Lubiprostone) is medically necessary and appropriate.