

<b>Case Number:</b>	CM14-0017080		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	08/24/2007
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 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 52-year-old female who reported an injury on 08/24/2007. The mechanism of injury was the injured worker pulled a heavy iron gate across the front of the store. The clinical documentation submitted for review indicated the injured worker's medication history included Amitiza, Ambien, and Zoloft as of 05/15/2013. The documentation of 01/22/2014 revealed the injured worker had complaints of neck pain, shoulder pain, and hand pain. The injured worker's medications included Fentanyl, Naprosyn, Amitiza, Ambien, Roxicodone, Prilosec, Prozac, Duragesic, and Percocet, as well as Zoloft. The injured worker was status post spinal fusion at C5-6 and C6-7 in 2008 and an ACD of C5-6 in 2007. The injured worker's diagnoses included neuralgia, neuritis, and radiculitis unspecified and cubital and carpal tunnel. The treatment plan included a home exercise program, topical compounded creams, and it indicated that Amitiza is helping with constipation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUBIPROSTENE (AMITZA) 24 MCG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment For Workers' Compensation, Online Edition.

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

**Decision rationale:** The Expert Reviewer's decision rationale: The California MTUS Guidelines recommend prophylactic treatment of constipation when opioids are initiated. There is lack of documentation of the efficacy of the requested medication. The clinical documentation indicated the injured worker had been utilizing the medication since 05/2013. The injured worker indicated that the medication was helpful for constipation. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for lubiprostone (Amitiza) 24 mcg #60 is not medically necessary.