

Case Number:	CM14-0018434		
Date Assigned:	04/18/2014	Date of Injury:	09/15/1998
Decision Date:	06/30/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/13/2014

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:

This 52 year-old patient sustained an injury on 9/15/1998 while employed by [REDACTED]. Request(s) under consideration include PHYSICAL THERAPY 2 TIMES PER WEEK FOR 6 WEEKS and MEDICATION REVIEW: AMITIZA 24MCG, #60 WITH 1 REFILL. Diagnoses include brachial neuritis/radiculitis; cervicgia; neck sprain/strain; and shoulder region pain. Report of 11/12/13 from the provider noted the patient with persistent neck, left upper extremity, and back pain. Conservative care has included acupuncture, trigger point injections, massage, medications, and TENS unit. There is a notation the patient was intolerant to Colace due to nausea. Medication list of 6/17/13 noted the patient on Terocin lotion, Lyrica, Neurontin, Biofreeze with ilex gel, Colace, and Trazodone. Exam of 7/22/13 from the provider noted cervical range of flex/ext/rotation at 30/10/40 degrees; motor strength of diffuse 4-5/5 in grip, wrist, and elbows; intact sensation in C6-8 dermatomes bilaterally. Diagnoses include neck sprain/strain; cervical radiculopathy; and shoulder impingement. Treatment included physical therapy, acupuncture, and medications. Report of 9/3/13 again noted continued use of Colace with same pain symptoms and clinical findings with treatment plan to continued PT and acupuncture. Report of 11/12/13 noted unchanged pain complaints and exam findings with treatment for PT and FRP request. Request(s) for PHYSICAL THERAPY 2 TIMES PER WEEK FOR 6 WEEKS and MEDICATION REVIEW: AMITIZA 24MCG, #60 WITH 1 REFILL were non-certified on 1/27/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES PER WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , PHYSICAL THERAPY, 98-99

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is no clear measurable evidence of progress with previous PT including milestones of increased ROM, strength, and functional capacity. Provider's dated report has no documentation of new acute injury or flare-up to support for formal PT as the patient should continue the previously instructed independent home exercise program for this chronic injury of 1998. Multiple medical reports have unchanged chronic pain symptoms, unchanged clinical findings with continued treatment plan for PT without demonstrated functional benefit. Without documentation of current deficient baseline with clearly defined goals to be reached, medical indication and necessity for formal PT has not been established. The PHYSICAL THERAPY 2 TIMES PER WEEK FOR 6 WEEKS is not medically necessary and appropriate.

MEDICATION REVIEW: AMITIZA 24MCG, #60 WITH 1 REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , OPIOID-INITIATING THERAPY AND LONG-TERM USERS OF OPIOIDS, 77,88

Decision rationale: Amitiza (lubiprostone) is a chloride channel activator for oral use indicated for treatment of irritable bowel syndrome and chronic idiopathic constipation; however, the effectiveness of Amitiza in the treatment of opioid-induced constipation in patients taking opioids has not been established in clinical studies. The patient continues to treat for chronic symptoms for this chronic injury; however, reports have no notation regarding any subjective constipation complaints or clinical findings related to GI side effects. Although chronic opioid use is not supported, Docusate Sodium (Colace) a medication that is often provided for constipation, a common side effect with opioid medications may be provided for short-term relief as long-term opioid use is supported. The patient was apparently taking Colace for quite some time; however, is not tolerable and Amitiza was prescribed. The submitted documents have not adequately addressed or demonstrated the indication of necessity for this medication

over other trials of laxative or stool softeners. The AMITIZA 24MCG, #60 WITH 1 REFILL is not medically necessary and appropriate.