

Case Number:	CM14-0111293		
Date Assigned:	08/01/2014	Date of Injury:	09/18/1995
Decision Date:	10/15/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/16/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 claimant had an original date of injury of 9/18/1995. She is treated for back pain with past treatments including lumbar fusion and fusion revision. The records state she has GERD and medication related constipation. Her current medications include Norco, Flexeril, Amitiza, Valium and Nexium. The request is for Amitiza, Kristalose and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza 24mcg 2x/day #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Lubiprostone (Amitiza)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Opioid induced constipation

Decision rationale: The California MTUS guidelines do not address the use of medications for constipation. Official Disability Guidelines describes the need to counsel about the possibility of constipation with opioid treatment. First line treatment includes ensuring adequate hydration, physical activity and fiber rich diet. If this fails to control constipation, second line

pharmacologic therapies may be considered. In this case, there is documentation of opioid related constipation but no documentation of any use of or failure of first line therapies for this constipation. The use of Amitiza is not medically indicated under these circumstances.

Kristalose 20mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Opioid induced constipation

Decision rationale: The California MTUS guidelines do not address the use of medications for constipation. Official Disability Guidelines describes the need to counsel about the possibility of constipation with opioid treatment. First line treatment includes ensuring adequate hydration, physical activity and fiber rich diet. If this fails to control constipation, second line pharmacologic therapies may be considered. In this case, there is documentation of opioid related constipation but no documentation of any use of or failure of first line therapies for this constipation. The use of Kristalose is not medically indicated under these circumstances.

Omeprazole 40mg daily #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 68.

Decision rationale: The California MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastro-intestinal events. In this case, the medical record does not document the administration of anti-inflammatory medication. As there is no concomitant administration of anti-inflammatory medication and no documentation in the record of other association of GERD with the industrial complaint of back pain, Omeprazole is not medically indicated.