

Case Number:	CM14-0120629		
Date Assigned:	08/06/2014	Date of Injury:	10/11/2012
Decision Date:	10/01/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/30/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 53 year old female with a reported date of injury on 10/11/2012. The mechanism of injury was not provided. The injured worker's diagnoses included cervical facet joint syndrome, cervical pain, lumbar facet syndrome, lumbar spine degenerative disc disease, sacroiliac pain, and lumbar radiculopathy. The injured worker's past treatments included medications, therapy, a home exercise program, and chiropractic visits. The injured worker's previous diagnostic testing included lumbar spine x-rays on 02/08/2013, an MRI of the lumbar spine on 10/29/2012, an MRI of the hips on 12/03/2012, an MRI of the lumbar spine on 04/15/2014, and x-rays of the lumbar spine on 05/16/2014. The injured worker's previous surgeries/ procedures included Medial branch blocks on 02/08/2013 and 03/08/2013, and an epidural steroid injection at L5-S1 on 03/10/2014. On 01/21/2014 Amitiza 8 mcg twice per day was first prescribed though the documentation does not provide any findings regarding or a diagnosis of constipation. On 03/18/2014 the injured worker denied bowel changes, there was no objective documentation or diagnosis of constipation though Amitiza was listed in the injured worker's medication list. On 07/08/2014 the injured worker complained of constipation. Amitiza 8 mcg twice per day and Colace-t 100 mg twice per day as needed constipation were listed in her current medication list. Amitiza was discontinued and Linzess 290 mg once daily was prescribed in place of the Amitiza. The injured worker's medications included tramadol 50 mg 1-2 tabs four times per day, Duexis 800/26.6 mg twice per day, Ultram ER 300 mg once daily, gabapentin 800 mg four times per day, citalopram 40 mg once daily, simvastatin 40 mg once daily, trazodone 150 mg once daily, triamterene/HCTZ 37.5/25 mg once daily and Linzess 290 mg once daily. The request was for Amitiza 8 mcg. No rationale for the request was provided. The request for authorization form was submitted on 07/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza 8mcg: 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 Opioids, Initiating Therapy Page(s): 77.

Decision rationale: The injured worker was prescribed opioids for pain management. The California MTUS Chronic Pain Guidelines do recommend the prophylactic treatment of constipation with the initiation of opioid use. There is a lack of documentation demonstrating the efficacy of the medication. The request for authorization of Amitiza was submitted three days after the medication was discontinued and replaced with Linzess. In addition, the request did not provide frequency of dosing instructions. Therefore, the request for Amitiza is not medically necessary.