

<b>Case Number:</b>	CM14-0134192		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	06/16/2006
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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:

The injured worker is a 40-year-old female who reported an injury on 06/16/2006. The mechanism of injury was not provided. On 03/25/2014, the injured worker presented with severe pain and hypersensitivity to the right lower extremity. Upon examination, the right lower extremity exam revealed disuse atrophy in the right lower extremity, ankle and calf and ongoing extreme hypersensitivity to light touch and pinprick in the distal aspect of the right calf area to the foot and ankle. Passive range of motion of the ankle is very painful. Active range of motion is limited in all planes. The history of fracture in the right lower extremity ankle with ORIF procedure with development of severe complex regional pain syndrome with disuse atrophy and allodynia symptoms, insomnia due to pain, anxiety and depression with industrial onset and nocturnal leg cramps with industrial onset. Current medications included Duragesic patch and Oxycodone. The provider recommended Amitiza and Neurontin, the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitiza 24mcg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guo-Du, et al. "414 Reversal of Opioid-Induced Constipation by Lubiprostone (Amitiza) in Guinea Pig Ileum." Gastroenterology 146.5 (2014):

5-89, Wilkins, Thad, et al. "Diagnosis and management of IBS in adults." American family physician 86.5 (2012): 419.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend prophylactic treatment in constipation with the use of opioids. As the MTUS Chronic Pain Guidelines recommend prophylactic treatment of constipation due to opioid therapy, the medication would be indicated. However, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary and appropriate.

**Neurontin 600mg # 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy Drugs Page(s): 18.

**Decision rationale:** The MTUS Chronic Pain Guidelines note that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The guidelines note Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. It did not appear the injured worker had diagnoses which would be congruent with the guideline recommendations. As such, the request is not medically necessary and appropriate.