

Case Number:	CM14-0137240		
Date Assigned:	09/05/2014	Date of Injury:	01/02/2007
Decision Date:	09/30/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/25/2014

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 70 year-old patient sustained an injury on 1/2/07 from having his hand caught in a machine while employed by [REDACTED]. Request(s) under consideration include 1 Month Supply of Miralax and 1 Month Supply of Amitiza. Diagnoses include s/p traumatic second, third, and fourth finger amputation; s/p bilateral second toe to right hand transplantation with residual; s/p tenolysis and contracture release; gastritis; major depressive disorder with anxiety; irritable bowel syndrome with constipation; and left carpometacarpal arthritis. Current medications list Nexium, Carafate, Metamucil, Miralax, and Amitiza. Report of 3/11/04 patient with noted abdominal pain and constipation. Diagnoses included Gastroesophageal Reflux Disease (GERD) and constipation. Treatment included medications of Miralax. Report of 7/14/14 from the provider noted the patient with left wrist pain due to compensatory overuse. There was notation of complaints of increased constipation and the patient was started on Miralax, Amitiza, Metamucil without benefit. The patient had completed colonoscopy study which was reportedly unremarkable. He is pending Gastrointestinal (GI) motility clinic evaluation. Exam noted tender left carpometacarpal joint; abdominal exam was benign. There was report of the request(s) for 1 Month Supply of Miralax and 1 Month Supply of Amitiza was denied on 8/8/14 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:

1 Month Supply of Miralax: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index 11th Edition (web), 2014 Pain Opioid Induced Constipation Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Prophylactic treatment of constipation Page(s): 77.

Decision rationale: Miralax (Polyethelyn Glycol) is used in the treatment of occasional constipation (irregularity). This product should be used for 7 days or less as excessive use can upset the body's chemical balance and lead to dependence on laxatives. Submitted reports have not adequately documented indication for the medication's continued use when it was noted the patient had no benefit pending GI motility clinic evaluation. Additionally, there is no mention of constipation as a side effect from any opiates use as none appear to have been prescribed per medication list. The 1 Month Supply of Miralax is not medically necessary and appropriate.

1 Month Supply of Amitiza: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index (web), 11th Edition 2014, Pain, Opioid Induced Constipation Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prophylactic treatment of constipation Opioid- Initiating Therapy and Long-term users of Opioids Page(s): 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 clinical findings with benign abdomen exam and unremarkable colonoscopy procedure. 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; however, it appears the patient is not prescribed any noted opioid and current constipation etiology is unclear pending GI motility clinical evaluation. The patient has been taking Colace for quite some time without noted benefit. The submitted documents have not adequately addressed or demonstrated the indication of necessity for this medication. The 1 Month Supply of Amitiza is not medically necessary and appropriate.