

Case Number:	CM14-0155756		
Date Assigned:	09/25/2014	Date of Injury:	12/06/1994
Decision Date:	10/27/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/23/2014

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 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:

Medical records reflect the claimant is a 52 year old male who sustained a work injury on 3-31-97. Office visit on 9-29-14 notes the claimant is currently treating with medications to include Pristiq, Ability, Ambien, Prilosec, Cymbalta, and Alprazolam. The claimant reports he is doing okay with his pain rated as 6/10. The claimant is on anew pain medication. The claimant has a diagnosis f CRPS right lower extremity with right foot drop. The claimant is status post SCS placement, status post intrathecal morphine pump, and major depressive disorder. The claimant has medication induced constipation with rectal bleeding. He is also provided with intrathecal pump refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza 24mcg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA press release:

Decision rationale: FDA press release notes FDA Approves Supplemental New Drug Application for AMITIZA (lubiprostone), the First Oral Treatment for Opioid-induced Constipation in Adults with Chronic Non-Cancer Pain. Medical Records reflect this claimant is treating with medications via his intrathecal pump. The claimant has medication induced constipation with rectal bleeding. Based on the records provided, the use of this medication is reasonable and medically indicated.