

<b>Case Number:</b>	CM14-0157078		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	10/08/1999
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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, has a subspecialty in Pain Management, 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 patient is a 60-year-old male with a date of injury of October 8, 1999. The listed diagnosis per [REDACTED] is mood disorder due to medical condition. According to progress report 06/05/2014, the patient is status post multiple corrective surgeries on his right foot including recent surgical revision repair of his foot and toes (dates of surgeries are not indicated). Patient also suffers from reflex sympathetic dystrophy syndrome. His reactive psychiatric symptoms include depressed mood, anxiety, insomnia, feeling of despair, restriction of activities of daily living and unable to work in a formal capacity as a truck driver. Medication regimen includes mirtazapine 30 mg, nortriptyline 25 mg, Amitiza 24 mcg, intermezzo 3.5 mg. Patient reports current pain as about 8/10. Review of [REDACTED] report indicates that the patient also takes hydrocodone 10/325 mg approximately 6 per day for patient's continued ankle and foot pain. The request is for a refill of Amitiza 24 mg #60. Progress reports from April 8, 2014 through July 15, 2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitiza 24 mg, sixty count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Pharmacological Therapy and on the Non-MTUS McKay SL, Fravel M, Scanion C. Management of constipation. Iowa City (IA): University of Iowa Gerontological

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

**Decision rationale:** This patient presents with chronic foot pain. The treater is requesting a refill of Amitiza 24 mg, sixty count. Amitiza is a stool softener. Utilization review denied the request stating, "There is lack of documentation of failure with first line of laxatives." The MTUS Guidelines pages 76 through 78 discuss prophylactic medication for constipation when opiates are used. The ODG guidelines under it pain section has the following regarding Lubiprostone (Amitiza), "Recommended only as a possible second-line treatment for opioid-induced constipation." Review of the medical file indicates the patient has been prescribed opiate medication on a long-term basis, but the treater does not discuss if other laxatives have been tried. Although MTUS allows for prophylactic medication for constipation, ODG only allows Amitiza as a possible second line treatment. Therefore, the request for Amitiza 24 mg, sixty count, is not medically necessary or appropriate.