

Case Number:	CM14-0168073		
Date Assigned:	10/15/2014	Date of Injury:	04/01/2009
Decision Date:	12/10/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/13/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 is a 49 year old patient with date of injury of 04/01/2009. Medical records indicate the patient is undergoing treatment for carpal tunnel syndrome, chronic pain syndrome, chronic cervalgia, bilateral shoulder region arthralgia predominantly left shoulder, recurrent myofascial strain and upper extremity radiculopathy. Subjective complaints include constant bilateral upper extremity pain, rated 6/10, described as achy and pins and needles; headache, joint pain, muscle weakness, insomnia, constipation. Objective findings include right shoulder decreased painful flexion to 80%, hypersensitivity over right forearm, decreased grip strength, diminished sensation median nerve distribution. Treatment has consisted of Cymbalta, Savell, Trazodone, Gralise, Neurontin, Pamelor, Horizant, EMG/NCV on 3/26/2014 shows right ulnar neuropathy across the elbow, bilateral median neuropathy at the wrist, mild degree, normal NCV of the left ulnar nerve and normal EMG, no electrical evidence for radiculopathy. The utilization review determination was rendered on 10/08/2014 recommending non-certification of Amitiza 24mcg #60.

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 cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Opioid induced Constipation <http://www.webmd.com/drugs/drug-95153-Amitiza+Oral.aspx?drugid=95153> <http://www.amitiza.com/>

Decision rationale: MTUS is silent on Amitiza. ODG discusses Amitiza as a second line opioid induced constipation treatment. ODG states " First-line: When prescribing an opioid, and especially if it will be needed for more than a few days, there should be an open discussion with the patient that this medication may be constipating, and the first steps should be identified to correct this. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. Second-line: If the first-line treatments do not work, there are other second-line options. About 20% of patients on opioids develop constipation, and some of the traditional constipation medications don't work as well with these patients, because the problem is not from the gastrointestinal tract but from the central nervous system, so treating these patients is different from treating a traditional patient with constipation. An oral formulation of methylnaltrexone (Relistor) met the primary and key secondary end points in a study that examined its effectiveness in relieving constipation related to opioid use for noncancer-related pain. The effectiveness of oral methylnaltrexone in this study was comparable to that reported in clinical studies of subcutaneous methylnaltrexone in subjects with chronic noncancer-related pain. There was an 80% improvement in response with the 450 mg dose and a 55% improvement with 300 mg. Constipation drug lubiprostone (Amitiza) shows efficacy and tolerability in treating opioid-induced constipation without affecting patients' analgesic response to the pain medications. Lubiprostone is a locally acting chloride channel activator that has a distinctive mechanism that counteracts the constipation associated with opioids without interfering with the opiates binding to their target receptors." The treating physician has not provided documentation of a trial and failure of first line therapies (increased physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber; a trial of over the counter medication). As such the request for Amitiza 24mcg #60 is not medically necessary.

