

Case Number:	CM14-0023776		
Date Assigned:	06/23/2014	Date of Injury:	09/02/2009
Decision Date:	07/23/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/25/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, postconcussion syndrome, chronic neck pain, chronic low back pain, and bleeding hemorrhoids reportedly associated with an industrial injury of September 2, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated January 21, 2014, the claims administrator apparently denied a request for Amitiza while approving six sessions of neuropsychological treatment and a gastroenterology consultation. Eight weeks of cognitive skills retraining were conditionally denied. The claims administrator did not incorporate cited guidelines into his rationale. The claims administrator stated that the applicant should continue with other laxatives as opposed to trying Amitiza. The claims administrator seemingly suggested that some portion of his denial is based on cost, although again, this was somewhat difficult to follow as the claims administrator did not incorporate guidelines into his rationale. The applicant's attorney subsequently appealed. In a progress note dated January 22, 2014, the applicant was apparently seen in the emergency department with rectal bleeding/bright red blood per rectum secondary to a ruptured hemorrhoid and anal fissure. The applicant was pending a gastroenterology consultation, it was stated. The applicant was placed off of work, on total temporary disability, on this occasion. Authorization was also sought for home-health services. The applicant was described as currently receiving Norco. The applicant had developed constipation with Norco, which the attending provider stated was alleviated by Senna and Colace. In a June 26, 2014 progress note, the applicant was again described as having issues with anal fissure. It was stated that Amitiza was recently discontinued owing to the fact that the

applicant was having significantly looser stools. The applicant was again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for one prescription of Amitiza 24 MCG.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: 1. No, the request for Amitiza, a laxative, is not medically necessary, medically appropriate, or indicated here. While page 77 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of laxatives in applicants in whom therapy has been initiated with opioids, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does state that an attending provider should incorporate the impact of other medications which an applicant is taking into his choice of prescription recommendations. In this case, the applicant was described on an office visit one day after the Utilization Review Report, on January 22, 2014, as having opioid-induced constipation which was being successfully ameliorated with Senna and Colace, other laxatives. It is unclear why a third laxative, Amitiza, was being added to the medication regimen if the applicant had already achieved satisfactory relief of constipation through other laxatives. No compelling rationale or narrative was attached to the request for authorization so as to make a case for Amitiza along side Senna and Colace, the laxatives which the applicant is already taking. Therefore, the request was not medically necessary.