

<b>Case Number:</b>	CM14-0025478		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	10/29/1999
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Orthopedic Surgery, 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 injured employee is a 56-year-old female who was reportedly injured on October 29, 1999. The mechanism of injury noted was not listed in the records reviewed. The most recent progress note, dated June 6, 2014, indicated that there were ongoing complaints of low back pain, bilateral leg pain and worsening of numbness and weakness. The physical examination demonstrated the patient in mild distress with slow antalgic gait. Motor strength was 4/5 bilateral hip flexors on left lower extremity as compared to right lower extremity. Sensation was decreased in the left foot following the dermatomal distribution starting below the knee down. The injured employee has difficulty standing from sitting position due to pain. Diagnostic imaging studies were not available in the records for viewing. Previous treatment included status post L5-S1 fusion, status post left rotator cuff repair, elbow repair, status post right total hip arthroplasty and partial knee replacement. The injured employee has long-term opioid use, nonsteroidal anti-inflammatory drugs, Lidoderm patches, Amitiza, transcutaneous electrical nerve stimulation unit, a home exercise program, assist devices and bracing. A request had been made for Amitiza, Pennsaid and Lidoderm patches and was not certified in the pre-authorization process on February 4, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMITIZA 24MCG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** When noting the past surgical treatment and considering the diagnosis of lumbar radiculopathy, there is no clear clinical reason for the use of this type of preparation. Amitiza is indicated for chronic idiopathic constipation in adults and for irritable bowel syndrome with constipation in women. It may be considered for off label use, only if failure of all other classes for constipation therapy with use of at least three in combination. The patient does not have significant physical examination findings or history of findings of abdominal distention or constipation to support the use of this medication. Currently, the patient is using Miralax which should be sufficient to treat the symptoms. Therefore, the above medication is not medically necessary.

**PENNASAID AND LIDOCAINE PATCHES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** The rationale for why the requested treatment/service is or is not medically necessary is based on clinical findings, date of injury and records reviewed. There is no significant documentation or any imaging studies to support any neuropathic or inflammatory pathology. There is no documentation of trials with neuroleptics or antidepressants or anti-inflammatories. Topical gels are considered "largely experimental". Lidocaine is used for neuropathic pain, which clinically the patient does not exhibit. Topical nonsteroidals are indicated for acute pain, short term. The patient is already on oral medications. Therefore, the above request is medically not necessary.