

Case Number:	CM14-0035172		
Date Assigned:	06/23/2014	Date of Injury:	01/27/2011
Decision Date:	07/24/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/21/2014

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 worker is a 31-year-old male who was reportedly injured on January 27, 2011. The mechanism of injury was noted as a fall from a broken chair. The most recent progress note dated June 6, 2014, indicated that there were ongoing complaints of back pain. The physical examination demonstrated a 6'7", 293 pound individual in no acute distress. A lumbar brace was worn. The gait was described as antalgic. A decrease in lumbar spine range of motion was noted. Strength was 5/5. Diagnostic imaging studies objectified post surgical changes. Previous treatment included a three level lumbar fusion, multiple medications to include both OxyContin and Percocet and postoperative rehabilitation. A request was made for the medication Amitiza and was not certified in the pre-authorization process on March 13, 2014.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Management Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), page 77 of 127 Page(s): 77 OF 127.

Decision rationale: Amitiza (lubiprostone) is a medication approved to treat chronic idiopathic constipation. When noting the current complaints of chronic constipation, there were no x-ray or physical examination findings of it. The guidelines do support the use of prophylactic treatment of constipation in individuals on chronic opioid therapy. However, this medication was not recognized as a medication supported by the California MTUS or Official Disability Guidelines (ODG). In the absence of documentation to substantiate the need for this specific medication that is not supported by the guidelines or where objectified failure to respond to other efficacious and guideline supported osmotic acting medications has not been noted, this request of Amitiza 24mcg #60 is not medically necessary and appropriate.