

<b>Case Number:</b>	CM14-0036438		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/08/2003
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 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 54 year-old female injured on 1/8/2003. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated 6/16/2014, indicated that there were ongoing complaints of severe back pain with spasms and also right achilles pain with numbness of her right foot fifth digit. The physical examination demonstrated lumbar spine: Positive tenderness to the low back region. Extension increased pain. Muscle strength bilateral lower extremity 5/5. Noted decreased sensation to the S1 nerve distribution. Diagnostic imaging studies include an MRI of the lumbar spine, dated 4/24/2014, which was referenced in the note dated 6/17/2014. X-rays of the lumbar spine revealed stable L4-L5 fusion, dated 6/16/2014. Previous treatment included lumbar surgery, epidural steroid injections and medications to include fentanyl patch, gabapentin, Percocet and Ambien. A request had been made for Amitiza 24 mcg capsules #60 with 5 refills and was not medically necessary in the pre-authorization process 3/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitiza 24mcg capsules #60 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Initiating Therapy Page(s): 77.

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

**Decision rationale:** Amitiza is a medication approved to treat chronic idiopathic constipation. The guidelines do support the use of prophylactic treatment of constipation in individuals on chronic opioid therapy. After review of medical records, it was noted that this 54 injured worker has been on chronic opioid therapy. The record indicates the request for Amitiza but there was no documentation of failure with any other 1st line prophylactic osmotic stool softeners or laxatives recommended by Chronic Pain Medical Treatment Guidelines. In the absence of documentation to substantiate the need for this specific medication that is not supported by the guidelines, where failure to respond to other efficacious and guideline supported osmotic acting medications has not been noted, this request is deemed not medically necessary.