

Case Number:	CM14-0036581		
Date Assigned:	06/25/2014	Date of Injury:	09/10/2010
Decision Date:	07/23/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/26/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 50-year-old male with a 9/10/10 date of injury. At the time (3/10/14) of request for authorization for Amitiza 24 mcg, there is documentation of subjective (increase in low back pain and issues with constipation) and objective (marked loss of motion of the mid back and left shoulder and tenderness to palpation over the thoracic paraspinal muscles with severe burning to the left anterior thigh) findings, current diagnoses (clavicle fracture, lumbar fracture, and stress/anxiety), and treatment to date (ongoing therapy with Amitiza and opioids since at least 7/15/13). In addition, 3/13/14 medical report identifies the patient is complaining of constipation even with Amitiza with a plan to discontinue Amitiza as it is not helping. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Amitiza.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza 24 mcg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mercy Family Medicine Residency Program, Mason City, Iowa, USA. [REDACTED] American Family Physician [2006,74(8);1347-1354] Physician's Desk Reference, online edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids; Initiating therapy Page(s): 77.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Medical Treatment Guideline identifies documentation of a diagnosis/condition for which Amitiza (lubiprostone) is indicated (such as: for the treatment of chronic idiopathic constipation and/or opioid-induced constipation in adults) as criteria necessary to support the medical necessity of Amitiza. Within the medical information available for review, there is documentation of diagnoses of clavicle fracture, lumbar fracture, and stress/anxiety. In addition, given documentation of chronic constipation and ongoing treatment with opioids since at least 7/15/13, there is documentation of chronic idiopathic constipation and opioid-induced constipation. However, given documentation of ongoing treatment with Amitiza since at least 7/15/13; that the patient is complaining of constipation even with Amitiza; and a plan to discontinue Amitiza as it is not helping, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Amitiza; and a rationale identifying the medical necessity of the continued use of Amitiza. Therefore, based on guidelines and a review of the evidence, the request for Amitiza 24 mcg is not medically necessary.