

Case Number:	CM14-0037527		
Date Assigned:	06/27/2014	Date of Injury:	08/28/2012
Decision Date:	08/14/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/28/2014

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 Physical Medicine and Rehabilitation, 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:

This is a patient with a date of injury of August 28, 2012. A utilization review determination dated February 25, 2014 recommends non-certification of Amitiza. Modified certification is recommended for Nortriptyline. It was requested at 4 times a day, but notes have indicated that it is being prescribed for use only at night. A progress report dated December 20, 2014 includes subjective complaints of continued left shoulder pain which is tolerable. Physical examination reveals good shoulder range of motion with intact motor and sensory examination. The impression states left shoulder rotator cuff repair and biceps tenodesis. The treatment plan recommends continuing modified duty work. A progress report dated September 18, 2013 identifies subjective complaints of neck and left shoulder pain. The note indicates that the medications are working well. Diagnoses include a cervical disc disorder and cervical radiculopathy. The treatment plan recommends ongoing use of the patient's current medications which include MS Contin, Norco, Senna, Amitiza, and wellbutrin. The note goes on to recommend continuing Amitiza for constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline 25 mg 1 tab QHS as needed #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 395-396, 402, Chronic Pain Treatment Guidelines SSRIs 107 of 127 Page(s): 107 of 127.

Decision rationale: Regarding the request for Nortriptyline, it is assumed, since Nortriptyline is being requested at such a low dose 4Q HS dosing, that the medicine is being used for sleep complaints. California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next-day functioning. Within the documentation available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Nortriptyline treatment. In the absence of such documentation, the currently requested Nortriptyline is not medically necessary.

Amitiza 24 mcg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Opioid Induced Constipation Treatment.

Decision rationale: Regarding the request for Amitiza, California MTUS does not contain criteria regarding constipation treatment. ODG states that opioid induced constipation is recommended to be treated by physical activity, maintaining appropriate hydration, and following a diet rich in fiber. Over-the-counter medication such as stool softeners may be used as well. Second line treatments include prescription medications. Within the documentation available for review, there are no recent subjective complaints of constipation. There is no statement indicating whether the patient has tried adequate hydration, well-balanced diet, and activity to reduce the complaints of constipation should they exist. Additionally, there is no documentation indicating how the patient has responded to treatment with over the counter treatment options prior to using Amitiza. Finally, there is not statement indicating how the patient has responded to Amitiza. In the absence of such documentation, the currently requested Amitiza is not medically necessary.