

Case Number:	CM14-0039976		
Date Assigned:	06/27/2014	Date of Injury:	02/21/2001
Decision Date:	09/15/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/04/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 50 year-old individual was reportedly injured on 2/21/2001. The mechanism of injury is not listed. The most recent progress note, dated 3/19/2014, indicates that there are ongoing complaints of chronic left forearm/hand pain. No physical exam was performed on the date of service however the notes on 10/8/2013 revealed tenderness of the left forearm. No redness or swelling visible splinting is present. No recent diagnostic studies are available for review. Previous treatment includes previous surgery, medication, and conservative treatment. A request had been made for Amitiza 24mcg, #60, and was not certified in the pre-authorization process on 3/31/2014.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: MTUS guidelines support the use of stool softeners/laxatives (i.e. Miralax) for prophylactic treatment of constipation when starting opiate therapy. A request is for Amitiza

which is used to treat irritable bowel syndrome and constipation and women. After review of the medical records provided, the patient has been stable on MiraLAX. Therefore, this request is not considered medically necessary.