

<b>Case Number:</b>	CM14-0045587		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/05/2000
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 49-year-old female was reportedly injured on 5/5/2000. The mechanism of injury was noted as a lifting injury. The most recent progress note, dated 1/8/2014, indicated that there were ongoing complaints of low back pain with radiculopathy. No recent diagnostic studies were available for review. The physical examination demonstrated cervical spine guarded with movement today, positive Tinel's test bilaterally, positive tenderness to the paraspinous muscles bilaterally. Palpable twitch positive trigger points were noted in the muscles of the head and neck, along bilateral paracervical muscles, levator scapulae, and trapezius. There was pain with range of motion. Lumbar spine had positive straight leg raise bilaterally at 60. Palpable twitch trigger points were noted in the lumbar paraspinous muscles. There was an antalgic gait. Limited range of motion was with pain. Decreased sensation to light touch along L4-L5 bilaterally is noted. Previous treatment included referral to pain management, previous surgeries, trigger point injections, physical therapy, medications, and conservative treatment. A request was made for Amitzia 8mcg # 6, and was not certified in the pre-authorization process on 3/7/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitzia 8mcg, # 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77 of 127.

**Decision rationale:** Amitiza is a medication use for chronic constipation and predominantly irritable bowel syndrome. There was no clinical indication for this medication for this claimant. There was documentation of narcotic usage; however, there was no documentation of constipation side effects, or failure of a first-line treatment options such as Colace. Therefore, this medication is deemed not medically necessary