

Case Number:	CM14-0053517		
Date Assigned:	09/12/2014	Date of Injury:	05/24/2011
Decision Date:	10/10/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/22/2014

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 Occupational Medicine 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:

24 year old male construction worker injured left elbow, bilateral wrists/hands and right groin at work on 24 May 2011 when he fell off of a ladder. He has since been diagnosed with Reflex Sympathetic Dystrophy of the left upper limb. The left elbow has constant pain which increases with activity and is associated with numbness and tingling in the left upper arm. He also has constant burning pain in his right wrist which worsens with activity. The left wrist is only described as having pain on exam. The most recent exam reveals left elbow tenderness to palpation over the medial elbow with limited range of motion and hypersensitivity to touch. The left wrist is tender to palpation over the volar ulnar aspect with difficulty making a fist and with decreased sensation to light touch in the left little finger. The right wrist is also tender to palpation over the volar ulnar aspect with difficulty making a fist. His abdominal exam is normal. His left elbow was treated with surgical exploration and decompression of the ulnar nerve and is presently being treated with an elbow brace. In Aug 2014 he had a left stellate ganglion block. He has also been treated with the following medications: Tylenol #3, Amitiza, Prilosec, Ranitidine, Sentra PM, Sentra AM and Gaviscon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) of 3 Amitiza; BID #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1) American Gastroenterological Association Medical Position Statement on Constipation, *Gastroenterology*, Volume 144, Issue 1, Pages 211-217, January 2013 2) University of Iowa College of Nursing Guideline: Management of Constipation, 1996 (revised 2009 Oct). Bibliographic Source(s): McKay SL, Fravel M, Scanlon C. Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Diss

Decision rationale: Amitiza (lubiprostone) is a chloride channel stimulator medication approved to treat Chronic Idiopathic Constipation in adults. The common causes of chronic constipation in this patient's age group are inadequate fiber in diet, inadequate fluid intake, inadequate exercise and/or side effects from medications (such as opioids). Medical treatment would normally begin with fiber supplementation and/or osmotic or stimulant laxatives. Other than the Tylenol with Codeine (Tylenol #3) that the patient has been given to treat his conditions, none of his medications commonly cause constipation. The treatment for opioid-induced constipation is a stool softener plus a stimulant laxative. Amitiza does not work in this manner. However, there is no documentation that the constipation was caused by his injuries or the medications he is presently taking to treat the conditions that were caused by the injury therefore the request for Amitiza is not medically necessary.