

Case Number:	CM14-0060829		
Date Assigned:	07/09/2014	Date of Injury:	01/08/2009
Decision Date:	08/26/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/01/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 42 year old with a reported date of injury of 01/08/2009 that occurred after a fall from a ladder. The patient has the diagnoses of cervical sprain/strain (847.0), knee sprain/strain (844.9), shoulder sprain/strain (840.8) and lumbar sprain/strain (847.2). The patient has undergone multiple surgeries for the injuries that the patient sustained from the fall. Per the progress notes provided by the primary treating physician dated 04/22/2014, the patient has complaints of low back, right shoulder and left knee pain. The physical exam noted decreased range of motion in the lumbar spine, right shoulder and right elbow, tenderness to palpation in the effected joint and antalgic gait. Treatment plan consisted of continuation of medications, exercise program, H-wave therapy and follow-up with multiple treating specialists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza 24mcg #60/30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Lubiprostone).

Decision rationale: The California chronic pain medical treatment guidelines and the ACOEM do not specifically address the use of Amitiza. The opioid section of the chronic pain medical treatment guidelines does state, prophylactic treatment of constipation should be initiated for patients on opioid therapy. The ODG section on the requested medication states it is recommended only as a second-line option in the treatment of opioid induced constipation. There is no supplied documentation of first-line failure for constipation in this patient and thus the request of Amitiza 24mcg #60/30 is not medically necessary and appropriate.