

Case Number:	CM14-0077691		
Date Assigned:	07/16/2014	Date of Injury:	05/08/2001
Decision Date:	09/16/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/23/2014

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 Med & Rehab 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:

The injured worker is a 67 year old female who sustained an injury on May 8, 2001. She was diagnosed with bilateral shoulder tendinitis, lumbar spine sprain/strain with spinal cord stimulator, and internal derangement of the bilateral knees. She was seen for an evaluation on June 30, 2014. She reported bilateral knee pain and swelling. She also complained of left hand swelling. An examination of the bilateral knees revealed tenderness and her range of motion was limited. There was swelling over the right knee and the left ankle. On June 12, 2014, she had a complex pain management evaluation. She reported that she previously underwent a detoxification program on December 2, 2013 and was discharged on January 1, 2014. She complained of bilateral shoulder pain and right leg pain. She also noted difficulty with constipation. She added that she has a history of Crohn's disease and that even though the dose of opioids had been decreased significantly, she was still having constipation. An examination of the upper extremities revealed restricted range of motion in both shoulders and upper extremities. Tenderness was present over the right distal radius. An examination of the thoracic spine revealed persistent chronic tenderness over the upper thoracic spine radiating into the left chest wall. An examination of the lumbar spine revealed bilateral paraspinous tenderness at the lumbosacral junction with mild to moderate palpable muscle spasms.

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: 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 Official Disability Guidelines (ODG) Pain Chapter, Lubiprostone (Amitiza).

Decision rationale: The request for Amitiza 24 mcg #60 is not medically necessary at this time. As per the Official Disability Guidelines, lubiprostone is approved only as a possible second-line treatment for opioid-induced constipation in case first-line treatment has failed to be effective. First-line treatment for opioid-induced constipation includes increasing physical activities, maintaining proper hydration, and following a fiber-rich diet or use of a laxative. From the medical records reviewed, there was no documentation of failure of any of the first-line treatments mentioned for opioid-induced constipation to necessitate the use of second-line treatment in the form of Amitiza. Hence, the request for Amitiza 24 mcg #60 is not medically appropriate at this time.