

<b>Case Number:</b>	CM14-0173085		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	03/22/2012
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 50 year old male with a date of injury of 3/22/12. The listed diagnoses are disc bulges at L4-5 and L5-S1 with S1 impingement, facet arthropathy at L3-S1 and left lower extremity radiculopathy. According to progress report 9/17/14, the patient presents with pain in his head, shoulder blades, mid/low back and bilateral knees. The patient's medication regimen includes Anaprox DS 550mg, Norco 10/325mg, Prilosec DR 20mg, Prozac 20mg, Lidoderm 5%, and restoril 30mg. Physical examination notes weight 210lbs, height 5'8", BMI 31.93, BSA 2.14, BP 126-86 and pulse 89. The treater states "the patient also complains of constipation. At this time, he is provided with a new prescription for Amitiza and Colace." The Utilization review denied the request for Amitiza on 10/6/14. Treatment reports 3/31/14 through 9/23/14 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitiza 25mcg Cap #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 (ODG), Lubiprostone (Amitiza)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78. Decision based on Non-MTUS Citation  
Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Lubiprostone (Amitiza®)

**Decision rationale:** This patient presents with pain in his head, shoulder blades, mid/low back and bilateral knees. The current request is for Amitiza 25mcg cap #60. On 9/17/14, the treating physician prescribed Colace and Amitza for the patient's complaints of constipation. ODG-TWC under the Pain chapter has the following regarding Lubiprostone (Amitiza), "Recommended only as a possible second-line treatment for opioid-induced constipation. See Opioid-induced constipation treatment." The MTUS Guidelines page 76 to 78 discusses prophylactic medication for constipation when opiates are used. The treater is providing Colace and Amitza concurrently and ODG states that Amitiza is indicated "only as a possible second line treatment." Colace has been provided as a first line medication for patient opioid induced constipation and there is no medical rationale provided to support concurrent usage. The requested Amitiza is not medically necessary.