

Case Number:	CM14-0192062		
Date Assigned:	11/25/2014	Date of Injury:	09/28/2009
Decision Date:	01/12/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/17/2014

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 Internal 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:

The injured worker (IW) is a 51-year-old woman with a date of injury of September 28, 2009. The mechanism of injury was not documented in the medical record. Pursuant to the Progress note dated October 21, 2014, the IW complains of pain over the cervical, thoracic, and lumbar spine. She continues to note pain in the cervical spine that radiates to both shoulders. She describes electrical burning pain with numbness and tingling affecting the upper extremities. Her low back pain radiates into both lower extremities. She describes numbness, tingling, and electrical pain that shoot down both legs. She does note improvement in symptoms of GERD and constipation with her current use of Laxacin and Amitiza. The IW also takes Omeprazole for symptoms of GERD, and over-the-counter Tylenol for breakthrough pain. Norco was discontinued due to nausea and rash. The provider notes that the IW has failed virtually all narcotic medications including Tramadol, Vicodin, Norco, Nucynta, Morphine, Percocet, Dilaudid, Butrans Patches, Fentanyl Patches and Tylenol with Codeine. She has also failed Tizanidine and Celebrex. She is not currently taking any narcotics for pain relief. The IW has been diagnosed with C5-C6 3 mm central disc protrusion with persistent cervical pain and referred pain into the shoulders and upper back; persistent low back pain with L4-L5 disc desiccation and annular tear with small central disc protrusion; chronic L4-L5 radiculopathy on the left and minimal evidence of L5 re-innervation on the right per EMG/NCV on March 12, 2012; chronic constipation; GERD; and depression and anxiety. The provider is requesting authorization for Amitiza 24mcg #60 for constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza 34mcg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Lubiprostone. Other Medical Treatment Guideline or Medical Evidence:
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a607034.html>

Decision rationale: Amitiza (Lubiprostone) is indicated for idiopathic chronic constipation. It is recommended as a possible second line treatment for opiate induced constipation. In this case, the injured worker was taking a combination drug Colace/Senna for constipation in addition to Amitiza. There is no discussion in the record as to whether the Colace/senna combination was working or not working (long term). Additionally, a review of the record shows the injured worker is not presently taking opiates. Amitiza is a second line treatment for opiate induced constipation, however, the documentation does not support a second line drug for opioid induced constipation. Consequently, Pursuant to Medline plus, Amitiza 34 mcg #60 is not medically necessary.