

<b>Case Number:</b>	CM14-0199728		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	04/01/2009
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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 49 year old female presenting with a work related injury on 04/01/2009. The patient was diagnosed with cubital tunnel syndrome, carpal tunnel syndrome, shoulder pain and chronic pain syndrome. On 10/02/14, the patient complained of bilateral upper extremity pain rated at 6/10. The pain is associated with numbness headaches and joint pain. The patient's medications included Butrans patch 10 ug 1 every 7 days, lidocaine cream and Amitiza 2 tablets daily. Medications decrease pain from 7/10 down to 3/10 and allow for home exercise and increase in activity tolerance without side effects. The physical exam was significant for right shoulder decreased painful flexion at 80% and hypersensitivity over the right forearm. A claim was made for Amitiza.

### 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 base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**Decision rationale:** Amitiza 24 mcg #60 is not medically necessary. Amitiza is a medication used for chronic idiopathic constipation. Per CA MTUS page 77 of the Opioid section: Initiating Therapy: Prophylactic treatment of constipation should be initiated; however, first-line medications are recommended. As it relates to this case, the patient was prescribed Amitiza for opioid related constipation. There is a lack of medical necessity for opioids. Additionally, there is lack of documentation of failure of first-line medications for opioid induced- constipation. Therefore, based on CA MTUS guidelines and review of the medical records, Amitiza is not medically necessary.