MAXIMUS Federal Services

Case Number:	CM14-0209487		
Date Assigned:	12/22/2014	Date of Injury:	04/01/2009
Decision Date:	02/18/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabn

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 with an injury date of 04/01/09. Based on 11/13/14 report, the patient complains of bilateral upper extremity pain which is at 6/10. The pain is constant, achy/burning/numbness and aggravates with cold temperatures. The current medications are Butran patch, Lidoderm patch, Savella and Amitiza. The patient went to Emergency Room due to skin reaction to broken Butran patch. The patient took off Butran patch on 11/11/14 and was provided Percocet 5/325mg from the ER. The medication decrease pain 7/10 to 2/10 and allow for home exercise and ADL. There is area of arrytherma in rectangular shape over the left pectorial muscle. The range of motion of right shoulder has decreased and painful flexion by 80%. The diagnoses are:1. Cubital tunnel syndrome: stable2. Carpal tunnel syndrome: Stable3. Chronic pain syndrome: Stable4. Shoulder pain: stableTreatment plan includes hold Savella due to issue with Butran patches. The treating physician is requesting Amitiza 24mcg #60 on 11/26/14. The utilization review determination being challenged is dated 12/08/14. The requesting physician provided treatment reports from 06/18/14-01/06/15.

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 Official Disability Guidelines (ODG)

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 (AmitizaÂ®)

Decision rationale: This patient presents with bilateral upper extremity pain. The request is for Amitiza 24mcg #60. The patient is on Butrans patch but developed a rash from it. ODG pain chapter states that this medication is recommended only as a second line treatment and shows efficacy and tolerability in treating opioid-induced constipation. ODG also indicates that opioid-induced constipation treatment is appropriate because constipation is a common effect of long term opioid use. The reports provided shows that this medication has been prescribed since 08/15/14. None of reports discuss efficacy of this medication. None of the reports show that the patient has tried any other constipation medication. On 6/18/14, the treater does note "Norco causes constipation," but the patient is current not on Norco. Given the lack of documentation regarding the patient's on-going potential constipation issues and indication that the patient has tried other medication, the request is not medically necessary.