

Case Number:	CM15-0130096		
Date Assigned:	07/16/2015	Date of Injury:	03/01/1999
Decision Date:	08/13/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/06/2015

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: Internal Medicine

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 61 year old female, who sustained an industrial injury on 3/1/1999. The mechanism of injury was a trip and fall to her knees. The injured worker was diagnosed as having intractable lumbar pain, lumbar radiculopathy, diffuse myofascial pain, right total knee replacement, chronic cervical pain with radiculopathy and bilateral shoulder and elbow tendinosis. Treatment to date has included therapy and medication management. In a progress note dated 5/18/2015, the injured worker complains of low back pain with bilateral lower extremities symptoms, neck pain and depression and anxiety. Physical examination showed antalgic gait and a brace on the right knee. The treating physician is requesting Amitiza 24 mcg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza 24 mcg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date topic 2631 and version 31.0 and topic 10195 and version 70.0.

Decision rationale: Lubiprostone, or Amitiza, is a locally acting chloride channel activator that enhances chloride rich intestinal fluid secretion. Up to date recommends its use in women with IBS with persistent constipation despite Polyethylene glycol or PEG treatment which is an osmotic laxative. Up to date is clear in stating that the osmotic laxative is the first line of treatment. The most common adverse side effect of Amitiza appears to be nausea. It is also used for chronic idiopathic constipation and opioid induced constipation. Other side effects include diarrhea, headache, abdominal pain, sinusitis, emesis, UTI, and dizziness. We have no indication in this patient that the patient had severe constipation which was unresponsive to the primary treatment for this condition which would have been osmotic laxatives such as Polyethylene glycol. Therefore, the UR was correct in its determination. The request is not medically necessary.