

<b>Case Number:</b>	CM15-0160897		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	12/27/2007
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: Physical Medicine & Rehabilitation

### 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(n) 69 year old male, who sustained an industrial injury on 12-27-07. He reported pain in his neck and lower back. The injured worker was diagnosed as having bilateral knee tendinopathy, mild shoulder acromioclavicular arthrosis, two-level lumbar discopathy and single level cervical discopathy. Treatment to date has included cognitive behavioral therapy and urine drug screens. Current medications include Fluoxetine, Metformin, Clopidogrel, Tramadol, Allopurinol, Atenolol, Aspirin, Hydrocodone and Gabapentin. As of the PR2 dated 6-12-15, the injured worker reports pain in his neck and low back. He rates his pain a 7-8 out of 10. Objective findings include cervical flexion 30 degrees, extension 20 degrees and rotation 20 degrees bilaterally. There is also decreased lumbar range of motion and tenderness in the sacroiliac joints. The treating physician requested Amitiza 24mcg #60 x 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitiza 24mcg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Online Version, Lubiprostone (Amitiza).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60,61, 76-78, 88,89.

**Decision rationale:** Based on the 6/12/15 progress report provided by the treating physician, this patient presents with bilateral hand pain, right knee numbness, right shoulder pain, bilateral foot pain, neck pain, upper back pain, and low back pain. The treater has asked for AMITIZA 24MCG #60 WITH 1 REFILL on 6/12/15. The request for authorization was not included in provided reports. The patient is s/p psychotropic medication and psychological testing, per 4/20/15 report. The patient is currently taking Luoxetine, Metformin, Clopidogrel, Tramadol, Allopurinol, Atenolol, Aspirin, Norco, and Gabapentin per 6/12/15 report. The patient states that he has run out of medications, and takes Norco periodically per 6/12/15 report. The patient's work status is unemployed since 2007 per 4/20/15 report. MTUS, Initiating Opioids Section, page 77: (d) Prophylactic treatment of constipation should be initiated. Opioid induced constipation is a common adverse side effect of long-term opioid use. MTUS, Opioids for osteoarthritis Section under Short Term Use pg. 83: Benefits of opioids are limited by frequent side effects (including nausea, constipation, dizziness, somnolence and vomiting). (Stitik, 2006) (Avouac, 2007) (Zhang, 2008) Review of reports do not show prior use of Amitiza or any other stool softener. The utilization review letter dated 7/13/15 quotes ODG guidelines pain chapter under Amitiza, and denies request without a specific rationale "based on clinical information submitted for this review and evidence-based peer-reviewed guidelines referenced above. The treater does not discuss this request in the reports provided. Although guidelines provide firm support for medications intended to reduce opioid-induced constipation, it is not clear if this patient is intolerant of first line therapies as the treater does not make this case. Per review of reports dated 7/5/12 to 6/12/15, the treater does not mention that the patient has opioid-induced constipation. Therefore, the requested Amitiza IS NOT medically necessary.