

Case Number:	CM15-0166324		
Date Assigned:	09/04/2015	Date of Injury:	09/14/1998
Decision Date:	10/06/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/24/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old female, who sustained an industrial injury on 9-14-1998. She reported pain in the neck and back from a motor vehicle accident. Diagnoses include myospasm, cervical disc degeneration, lumbosacral neuritis, and radiculitis. Treatments to date include chiropractic therapy, epidural steroid injection, hot-ice treatments, massage therapy, physical therapy and TENS unit. Currently, she complained of ongoing neck, mid back, and low back pain associated with dizziness, spasm, tightness, and weakness. Current medications listed included MS Contin, Amitiza, Flexeril, Diazepam, Triazolam, and Omeprazole. On 7-13-15, the physical examination documented no acute physical findings. The plan of care included a prescription for Amitiza 24mcg #60 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza 24mcg quantity 60 with three refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, under Amitiza.

Decision rationale: This claimant was injured in 1998 with myospasm, cervical disc degeneration, lumbosacral neuritis, and radiculitis. There is ongoing neck, mid back, and low back pain associated with dizziness, spasm, tightness, and weakness. Current medications listed included MS Contin, Amitiza, Flexeril, Diazepam, Triazolam, and Omeprazole. On 7-13-15, the physical examination documented no acute physical findings. Per the PDR, Amitiza is for irritable bowel and constipation. There is no evidence of these conditions in the record, or why mainstream anti-constipation measures or stool softeners would not be effective. The request is not medically necessary.