

Case Number:	CM15-0181713		
Date Assigned:	09/23/2015	Date of Injury:	10/28/1983
Decision Date:	11/03/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/15/2015

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 63 year old male, who sustained an industrial injury on 10-28-1983. Medical records indicate the worker is undergoing treatment for chronic knee pain-status post a total left knee replacement in 2004 and right knee in 2011. A progress note dated 7-14-2015 reported the injured worker complained of right knee pain rated 8 out of 10. A more recent progress report dated 8-6-2015, reported the injured worker complained of increased right leg swelling and stiffness. The symptoms include constipation. Physical examination revealed bilateral lower extremities edema. Treatment to date has included surgery, physical therapy and medication management. Current medications include Oxycodone, Naproxen sodium, Omeprazole, Docusate sodium and Amitiza. The physician is requesting Amitiza 24 mcg # 60. On 9-15-2015, the Utilization Review denied the request for Amitiza 24 mcg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza 24 MCG Qty 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: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Lubiprostone (Amitiza).

Decision rationale: The patient presents on 09/02/15 with lower back and bilateral knee pain which radiates into the feet. The pain is rated 9/10. The patient's date of injury is 10/28/83. Patient is status post bilateral knee replacement surgeries, the left knee in 2004, and the right knee in 2011. The request is for AMITIZA 24MCG QTY 60. The RFA was not provided. Physical examination dated 09/02/15 reveals trigger points in the gluteus medius region and lumbar quadratus region bilaterally, tenderness to palpation of the pes anserine bursa bilaterally, positive SI joint compression test bilaterally, positive slump test bilaterally, and parasthesias are noted in the medial and lateral aspects of the bilateral lower extremities. The patient is currently prescribed Oxycodone, Pantoprazole, Naproxen, Omeprazole, Docusate, and Amitiza. Patient is classified as disabled. MTUS page 77, CRITERIA FOR USE OF OPIOIDS Section, regarding constipation states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." Official Disability Guidelines, Pain Chapter, under Lubiprostone (Amitiza): Recommended only as a possible second-line treatment for opioid-induced constipation. Second-line: If the first-line treatments do not work, there are other second-line options. About 20% of patients on opioids develop constipation, and some of the traditional constipation medications don't work as well with these patients, because the problem is not from the gastrointestinal tract but from the central nervous system, so treating these patients is different from treating a traditional patient with constipation. An oral formulation of methylnaltrexone (Relistor) met the primary and key secondary end points in a study that examined its effectiveness in relieving constipation related to opioid use for non-cancer-related pain. The effectiveness of oral methylnaltrexone in this study was comparable to that reported in clinical studies of subcutaneous methylnaltrexone in subjects with chronic non-cancer-related pain. There was an 80% improvement in response with the 450 mg dose and a 55% improvement with 300 mg. Constipation drug lubiprostone (Amitiza) shows efficacy and tolerability in treating opioid-induced constipation without affecting patients' analgesic response to the pain medications. Lubiprostone is a locally acting chloride channel activator that has a distinctive mechanism that counteracts the constipation associated with opioids without interfering with the opiates binding to their target receptors. In regard to the request for the continuation of Amitiza, the treater has not provided a reason for the request. This patient is currently taking Docusate and Amitiza for opioid-induced constipation. Guidelines provide firm support for medications intended to reduce opioid-induced constipation, however it's not clear if this patient is intolerant of first line therapies or if they are not effective. Amitiza is considered by ODG to be a second-line medication for complaints of this nature, and is generally only used in cases where first-line medications are either ineffective or not tolerated. Without a clear rationale as to why first-line constipation therapies are insufficient or not tolerated by this patient, the request cannot be substantiated. Therefore, the request IS NOT medically necessary.