

Case Number:	CM15-0187534		
Date Assigned:	09/29/2015	Date of Injury:	06/30/2008
Decision Date:	11/13/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/23/2015

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, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 49 year old female patient who sustained an industrial injury 06-30-08. The diagnoses include hypertension, irritable bowel syndrome, gastropathy secondary to anti inflammatories, orthopedic condition, analgesic induced constipation, post laminectomy syndrome, arachnoiditis, and lumbar radiculitis-sciatica. Per the doctor's note dated 9/3/15, she had complaints of moderate low back pain and stiffness. Per the doctor's note dated 8/2/15, she had recent mild trauma to the low back and had complaints of upper lumbar pain. The physical examination revealed limited lumbar range of motion and mildly positive straight leg raising test. The patient is taking norco and tizanidine for pain. Per the doctor's note dated 05-19-15, she had increased reflux. The physical examination revealed clear lungs and soft abdomen. The patient was prescribed benicar, amitiza and dexilant on 5/19/2015. Her surgical history includes lumbar fusion surgery. He has had lumbar spine MRI dated 5/21/15 which revealed post operative changes at L4-5, small paraspinal fluid collection, possibly seroma and mild disc space narrowing and annular bulge at L3-4. Other therapy done for this injury was not specified in the records provided. The original utilization review (09-115-15) non certified the request for Dexliant 60 mg #90 and Amitiza 24 mcg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 60mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Dexilant contains dexlansoprazole, which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Per the doctor's note dated 5/19/15 patient had increased reflux with diagnoses include irritable bowel syndrome and gastropathy secondary to anti-inflammatories. A PPI like dexilant is medically appropriate in-patient with GI symptoms. The request is medically appropriate and necessary for this patient.

Amitiza 24mcg, #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Lubiprostone.

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 (updated 10/09/15), Opioid-induced constipation treatment, Lubiprostone (Amitiza®).

Decision rationale: Amitiza contains lubiprostone. According to the Chronic Pain Medical Treatment 2009 Guidelines, when initiating therapy for intermittent pain, start with a short-acting opioid trying one medication at a time. Prophylactic treatment of constipation should be initiated as well. According to the ODG Amitiza is recommended only as a possible second-line treatment for opioid-induced constipation. Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. Activation of enteric opioid receptors also results in abnormal GI motility. Constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy. 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. 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 this case, the patient is taking norco for pain which may cause constipation. The patient has a diagnoses include irritable bowel syndrome, gastropathy secondary to anti-inflammatories and analgesic induced constipation. Therefore, the request is medically appropriate and necessary.