

Case Number:	CM15-0188053		
Date Assigned:	09/29/2015	Date of Injury:	08/08/1997
Decision Date:	11/13/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/24/2015

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, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of August 8, 1997. In a Utilization Review report dated September 15, 2015, the claims administrator approved requests for Zoloft, Catapres, and Zofran while failing to approve request for Amitiza. The claims administrator seemingly misconstrued the request for Amitiza as a muscle relaxant and went on to deny the same, stating that the MTUS did not support long-term usage of muscle relaxants. A September 2, 2015 office visit was referenced in the determination. The applicant personally appealed in an application dated September 20, 2015, stating that she was using Amitiza for constipation. On September 2, 2015, the applicant reported ongoing complaints of neck, back, lower extremity, and knee pain complaints. The applicant apparently stated that she was trying to take an early retirement. Duragesic, oxycodone, Zoloft, and Catapres were renewed and/or continued. The applicant had apparently developed side effects to include nausea and vomiting associated with opioid withdrawal, it was stated in several sections of the note. The applicant had undergone earlier failed cervical and lumbar spine surgeries, it was reported. The applicant was using a cane to move about. The applicant was using a cane to move about. The applicant had reportedly ceased smoking, it was reported. The applicant's complete medication list was not detailed. There was no explicit mention of Amitiza usage on this date. On December 8, 2014, it was again stated that the applicant was working full time and remained in high function despite her ongoing complaints of and issues with chronic low back pain. New cervical MRI was sought while Duragesic, oxycodone immediate release, Amitiza,

and Zolofit were endorsed. The applicant was described as having issues with opioid-induced constipation, it was stated in one section of the note. On November 10, 2014, the treating provider stated that the applicant's opioid-induced constipation had resolved following introduction of Amitiza. On October 8, 2014, the attending provider stated that the applicant's opioid-induced constipation had failed to respond favorably to Colace, senna, Miralax, Dulcolax, and glycerine suppositories. Amitiza was apparently introduced at this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza 24mcg #60: 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): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Lubiprostone (Amitiza®) and Other Medical Treatment Guidelines Treatment of opioid-induced constipation in adults with chronic, non-cancer pain (1.2).

Decision rationale: Yes, the request for Amitiza was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, the prophylactic initiation of treatment of constipation is indicated in applicants who are prescribed opioid agents. Here, the applicant was in fact using multiple opioid agents to include Duragesic and oxycodone, it was acknowledged on multiple progress notes interspersed through 2014 and 2015, referenced above. Usage of Amitiza was indicated to ameliorate the same, particularly in light of the fact that the updated Food and Drug Administration (FDA) label notes that Amitiza is indicated in the treatment of opioid-induced constipation in adults with non-cancer related pain, as was seemingly present here. While ODG's Chronic Pain Chapter Lubiprostone topic notes that Amitiza is recommended only as a possible second-line treatment for opioid-induced constipation, here, however, the attending provider's October 8, 2014 progress note stated that the applicant's issues with constipation had failed to respond favorably to multiple other first-line laxatives to include Colace, Senna, Miralax, Dulcolax, etc. Introduction of Amitiza was seemingly indicated to combat the same. The attending provider posited on November 10, 2014 that the applicant's constipation had abated following introduction of Amitiza. Continuing the same, on balance, thus, was indicated. Therefore, the request is medically necessary.