

<b>Case Number:</b>	CM15-0190474		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	06/24/2002
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 64 year old female, who sustained an industrial injury on 6-24-2002. The injured worker is being treated for status post anterior-posterior decompression and fusion L3-sacrum, status post exploration of fusion, rule out pseudo arthrosis, grade I spondylolisthesis L1-2, bilateral sacroiliitis, failed back syndrome and chronic intractable pain. Treatment to date has included surgical intervention, and long term use of medications. Per the Secondary Treating Physician's Progress Report dated 8-20-2015, the injured worker presented for follow-up. She reported ongoing difficulty with pain in her mid-back, low-back, bilateral hips and down the right leg to the ankle. Her pain level is 10 out of 10 but is reduced to 5 out of 10 with the use of MS Contin and 3 out of 10 with the use of Opana. Current medications include Opana, Opana ER, Norco and MS Contin. Objective findings included tenderness and guarding of the lumbar paraspinal musculature. Range of motion of the lumbar spine is decreased due to pain. The plan of care included medications and authorization was requested on 8-20-2015 for MS Contin 15mg #120, MS Contin CR 30mg #60, Amitiza 24mcg #60, Baclofen 20mg #60 and ibuprofen 800mg #90. On 9-01-2015, Utilization Review non-certified request for ibuprofen 800mg #90 and modified the request for Amitiza 24mcg #60 and Baclofen 20mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitiza 24mcg #60 with 3 refills:** 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), Pain, Opioid induced constipation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain.

**Decision rationale:** Review indicates the request for Amitiza was modified. Amitiza (lubiprostone) is a chloride channel activator for oral use indicated for treatment of irritable bowel syndrome and chronic idiopathic constipation; however, the effectiveness of Amitiza in the treatment of opioid-induced constipation in patients taking opioids has not been established in clinical studies. The patient continues to treat for chronic symptoms for this chronic injury; however, reports have no notation regarding any subjective constipation complaints or clinical findings related to GI side effects. Although chronic opioid use is not supported, a medication that is provided for constipation, a common side effect with opioid medications may be provided for short-term relief as long-term opioid use is supported. The submitted documents have not adequately addressed or demonstrated the indication of necessity for this medication over other failed first trials of laxative or stool softeners. The Amitiza 24mcg #60 with 3 refills is not medically necessary and appropriate.

**Baclofen 20mg #60 with 3 refills:** Upheld

**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): Muscle relaxants (for pain).

**Decision rationale:** Review indicates the request for Baclofen was modified. Baclofen USP is a centrally acting muscle relaxant and anti-spastic that may be useful for alleviating signs and symptoms of spasticity resulting from multiple sclerosis, reversible and in patients with spinal cord injuries and other spinal cord diseases. However, Baclofen is not indicated in the treatment of skeletal muscle spasm as in this case. MTUS Guidelines do not recommend long-term use of Baclofen and medical necessity has not been established. Submitted documents have not demonstrated any specific functional improvement from treatment of Baclofen being prescribed in terms of improved functional status, decreased medication profile, decrease medical utilization or increased ADLs for this chronic 2002 injury without acute flare, new injury, or progressive neurological deterioration to support its continued use. The Baclofen 20mg #60 with 3 refills is not medically necessary and appropriate.

**Ibuprofen 800mg #90 with 3 refills:** Upheld

**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 (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic 2002 injury nor have they demonstrated any functional efficacy in terms of improved work status, specific increased in ADLs, decreased in pharmacological dosing, and decreased in medical utilization derived from treatment already rendered. The Ibuprofen 800mg #90 with 3 refills is not medically necessary and appropriate.