

<b>Case Number:</b>	CM15-0195391		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	07/20/1998
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 62 year old male, who sustained an industrial injury on 07-20-1998. He has reported injury to the head, neck, upper extremities, right lower extremity, and low back. The diagnoses have included chronic myofascial pain of cervical and lumbar spine; chronic low back pain; chronic headaches; chronic right shoulder pain; and opioid-induced constipation. Treatment to date has included medications, diagnostics, and right subacromial bursa injection. Medications have included OxyContin, Oxycodone, Maxalt, Clonazepam, Ambien, and Lactulose. A progress report from the treating provider, dated 08-21-2015, documented an evaluation with the injured worker. The injured worker reported widespread pain symptoms; he continues to note significant pain in the lumbar spine, cervical spine, as well as the bilateral upper extremities; he continues to suffer from poor memory and daily headaches; he notes significant benefit with the OxyContin and Oxycodone, as well as the Maxalt and Clonazepam; he has significant opioid-induced constipation which he has been unable to manage well with Lactulose; this has been an ongoing problem for him; and he has asked questions about a new medication called Amitiza. Objective findings included he is in no acute distress; there is no significant pain behavior; lumbar spine and cervical spine revealed tenderness to palpation over the paraspinous musculature; he has decreased range of motion of both cervical spine and lumbar spine in flexion and extension; gait is normal; and motor strength in the upper and lower extremity is 5 out of 5. The treatment plan has included the request for Amitiza 23mg quantity 60, 2 times daily. The original utilization review, dated 09-11-2015, non-certified the request for Amitiza 23mg quantity 60, 2 times daily.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitiza 23 mg Qty 60, 2 times daily:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation

<https://www.nlm.nih.gov/medlineplus/druginfo/meds/a607034.html>.

**Decision rationale:** Pursuant to Medline plus, Amitiza 23 mg #60, 1 b.i.d. is not medically necessary. Lubiprostone is used to relieve stomach pain, bloating, and straining and produce softer and more frequent bowel movements in people who have chronic idiopathic constipation (difficult or infrequent passage of stools that lasts for 3 months or longer and is not caused by a disease or a medication). Lubiprostone is also used to treat irritable bowel syndrome with constipation (IBS-C; a condition that causes stomach pain or cramps, bloating, and infrequent or difficult passage of stools) in women who are at least 18 years of age. Lubiprostone is in a class of medications called laxatives. It works by increasing the amount of fluid that flows into the bowel and allowing the stool to pass more easily. In this case, the injured worker's working diagnoses are chronic myofascial pain cervical and lumbar; chronic low back pain; chronic headaches; chronic right shoulder pain; and opiate induced constipation. Date of injury is July 20, 1998. Request for authorization is September 4, 2015. According to an August 21, 2015 progress note, subjective complaints include ongoing lumbar spine and cervical spine pain with bilateral upper extremity pain. Medications include OxyContin 80 mg QIP and oxycodone 30 mg two tablets every four hours (not to exceed 14 tablets per day). The utilization review indicates the morphine equivalent dose (MED) is 1110 (normal up to 120). Additional medications are Maxalt and clonazepam. The treating provider prescribed lactulose that was ineffective for the constipation. There were no other first-line medications for opiate induced constipation documented in the record (i.e. Colace or MiraLax). The med is exceedingly elevated and is likely contributing to the opiate induced constipation. The treating provider should attempt to taper these opiate analgesics. Based on clinical information and medical records, peer-reviewed evidence-based guidelines, and exceedingly elevated MED with opiate induced constipation and no first-line agents (Colace or MiraLax), Amitiza 23 mg #60, 1 b.i.d. is not medically necessary.