

Case Number:	CM15-0199413		
Date Assigned:	10/15/2015	Date of Injury:	06/22/2008
Decision Date:	11/23/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/09/2015

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: North Carolina
 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 58 year old male who sustained an industrial injury on 6-28-2008. A review of the medical records indicates that the injured worker is undergoing treatment for chronic low back pain, lumbar fusion, lumbar radiculopathy and bilateral knee pain. According to the progress report dated 8-31-2015, the injured worker complained of chronic low back pain radiating to both hips. He also complained of bilateral knee pain. It was noted that constipation was better controlled with Amitiza; however, he occasionally had severe constipation. The physical exam (8-31-2015) revealed moderate tenderness to palpation of the lumbar paraspinal muscles. Gait was slow and antalgic. Treatment has included physical therapy, epidural steroid injection and medications. The injured worker has been prescribed Amitiza and Miralax since at least 2-2015 for opioid induced constipation. The physician noted (8-31-2015) that constipation was not controlled with Colace or diet. Lactulose was ordered on 8-31-2015. Current medications (8-31-2015) included Opana ER, Norco, Gralise, Zanaflex, Amitiza, Omeprazole and Lidoderm patches. The original Utilization Review (UR) (9-10-2015) denied requests for Amitiza and Lactulose.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza 24mcg 1 tab twice a day #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA, Lubiprostone (Amitiza).

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

Decision rationale: The California chronic pain medical treatment guidelines section on opioid therapy states: (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated. The patient is currently on opioid therapy. The use of constipation measures is advised per the California MTUS. The requested medication is used in the treatment of constipation. Therefore, the request is medically necessary.

Lactulose 10g per 15ml take 5-30ml daily #1 bottle: 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 for chronic pain.

Decision rationale: The California chronic pain medical treatment guidelines section on opioid therapy states: (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated. The patient is currently on opioid therapy. The use of constipation measures is advised per the California MTUS. The requested medication is used in the treatment of constipation. Therefore, the request is medically necessary.