

Case Number:	CM15-0204113		
Date Assigned:	10/20/2015	Date of Injury:	03/02/2014
Decision Date:	12/03/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 34 year old female who sustained a work-related injury on 3-2-14. Medical record documentation on 9-28-15 revealed the injured worker was being treated for chronic low back pain, right side L3-4 disc protrusion, rule out right ischial bursitis, right greater trochanteric pain, and co-morbid constipation. She reported feelings of depression due to back pain. She described her symptoms as dull, mild and intermittent. She had radiation of pain to the bilateral arms with limited back motion. The symptoms were exacerbated by motion and lessened by rest. Motrin helped to minimize the pain. She rated her pain a 7 on a 10-point scale. Objective findings included negative Spurling's test. Straight leg raise exacerbated low back pain beyond 50 degrees. She had poor tolerance to Gaenslen's maneuver. An EMG on 7-27-15 was documented as "unremarkable" and a MRI of the lumbar spine on 6-17-14 was documented as revealing a small left lateral disc protrusion at L3-4 slightly displacing the exiting left L3 root. A urine drug screen on 6-22-15 revealed negative results. Her treatment plan included a review of bowel hygiene, topical analgesic compound cream, continued Motrin and initiation of Amitiza 8 mcg for constipation. A request for update urine toxicology and Amitiza 8 mcg was received on 9-29-15. On 10-5-15, the Utilization Review physician determined update urine toxicology and Amitiza 8 mcg was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza 8mcg: 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 Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment.

Decision rationale: The claimant sustained a work injury in March 2014 when she slipped on a floor. She lost her balance striking her left knee and then right hip and buttock. She continues to be treated for right-sided pelvic pain with findings of an ischial tuberosity fracture and has right lower extremity numbness and weakness. An MRI of the lumbar spine in June 2014 was negative for neural compromise. When seen, she was having back pain with radiating symptoms. Pain was rated at 7/10. Physical examination findings included low back pain with straight leg raising beyond 50. Gaenslen testing was poorly tolerated. The claimant's body mass index was over 33. The only medication being prescribed was Motrin. Urine drug screening had been done in June 2015 and had been negative. Repeat urine drug screening was requested. Amitiza was being prescribed for constipation. Most patients with constipation are initially treated with lifestyle modifications, such as increased fluid intake, and increased dietary fiber intake. Additional fiber intake in the form of polycarbophil, methylcellulose, or psyllium may improve symptoms. The next step in the treatment of constipation is the use of an osmotic laxative, such as polyethylene glycol, followed by a stool softener, such as docusate sodium, and then stimulant laxatives. Peripherally acting mu-opioid antagonists are effective for opioid-induced constipation. In this case, the claimant does not have opioid induced constipation. Prescribing Amitiza in this clinical scenario is not appropriate and is not medically necessary.

Update Urine Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

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

Decision rationale: The claimant sustained a work injury in March 2014 when she slipped on a floor. She lost her balance striking her left knee and then right hip and buttock. She continues to be treated for right-sided pelvic pain with findings of an ischial tuberosity fracture and has right lower extremity numbness and weakness. An MRI of the lumbar spine in June 2014 was negative for neural compromise. When seen, she was having back pain with radiating symptoms. Pain was rated at 7/10. Physical examination findings included low back pain with straight leg raising beyond 50. Gaenslen testing was poorly tolerated. The claimant's body mass index was over 33. The only medication being prescribed was Motrin. Urine drug screening had been done in June 2015 and had been negative. Repeat urine drug screening was requested. Amitiza was being prescribed for constipation. Steps to take before a therapeutic trial of opioids include consideration of the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, no opioid medication was being prescribed and there is no reference to planned use of opioid medication. There are no identified issues of abuse or addiction and drug screening was performed in June 2015. Repeat urine drug screening is not considered medically necessary.

