

Case Number:	CM15-0206129		
Date Assigned:	10/23/2015	Date of Injury:	11/21/2005
Decision Date:	12/11/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/20/2015

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, California
 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:

The injured worker is a 42 year old male, who sustained an industrial injury on 11-21-2005. Medical records indicate the worker is undergoing treatment for chronic pain with chronic narcotics. A recent progress report dated 9-16-2015, reported the injured worker complained of chronic gastrointestinal upset and hemorrhoids. Physical examination revealed myofascial triggers at lumbar 4-5, but the gastrointestinal system is not addressed on this date of service. Treatment for pain to date has included acupuncture, pool therapy, narcotics, antidepressants and topical pain gel. The medication list include Norco, Ambien, Trazodone, Risperidone, Effexor, Prilosec, and Voltaren.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza cap 24mcg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, updated 07/17/15.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 12/02/15), Lubiprostone (Amitiza), Opioid-induced constipation treatment.

Decision rationale: Amitiza is used to treat chronic constipation, or constipation caused by opioid (narcotic) pain medicine. MTUS does not specifically address this issue. Hence ODG used. As per cited guidelines, Lubiprostone (Amitiza) Recommended only as a possible second-line treatment for opioid-induced constipation. The cited guideline recommends Amitiza as a second-line treatment for opioid-induced constipation. Evidence of trial and failure of first line treatments for constipation was not specified in the records specified. The medical necessity of the request for Amitiza cap 24mcg is not medically necessary for this patient.