

Case Number:	CM15-0206434		
Date Assigned:	10/23/2015	Date of Injury:	10/26/1999
Decision Date:	12/04/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/21/2015

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: Florida

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 46 year old male with a date of injury on 10-26-99. A review of the medical records indicates that the injured worker is undergoing treatment for chronic lower back pain. Progress report dated 9-1-15 reports continued complaints of lower back and bilateral leg pain. The pain is described as sharp, achy, tingling and burning and is associated with pins and needles and numbness in the left leg. Spinal cord stimulation trial was cut short due to infection and blood sugar control. He reports 2 days of good relief before removed. MsContin provides 30 percent reduction in pain for 8 hours. Objective findings: medications reviewed, vital signs within normal limits and he walks with a cane. According to the medical records as of 3-19-14, medications include: MsContin, norco, flector patches, meloxicam, amitiza and gabapentin. Request for authorization was made for Amitiza 24 MCG quantity 60, Meloxicam 15 MG quantity 30 and Gabapentin 600 MG quantity 180. Utilization review dated 9-30-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza 24 MCG #60: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain, Lubiprostone (Amitiza,) Opioid induced constipation treatment. 2015 Online edition.

Decision rationale: Amitiza is a medication that is prescribed in the treatment of constipation and irritable bowel syndrome. MTUS guidelines do not address this request. Therefore, the ODG guidelines were referenced. The ODG only recommends Amitiza as a possible second-line treatment for opioid induced constipation. Regarding this patient's case, there is no documentation of failure of first line treatments, such as having a proper diet rich in fiber, physical activity, or maintaining adequate hydration. Therefore, this request cannot be considered medically necessary.

Meloxicam 15 MG #30: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: In accordance with California MTUS guidelines, NSAIDS are recommended as an option for short-term symptomatic relief. These guidelines state, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend chronic use of NSAIDS due to the potential for adverse side effects. Likewise, this request for Meloxicam is not medically necessary.

Gabapentin 600 MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: MTUS guidelines state regarding Gabapentin, "Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Regarding this patient's case, there is not sufficient documentation of functional improvement with this medication to warrant its continued prescription. Likewise, this request is not considered medically necessary.