

<b>Case Number:</b>	CM15-0207099		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	09/25/1991
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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:

The injured worker is a 59 year old male, who sustained an industrial injury on 9-25-1991. The medical records indicate that the injured worker is undergoing treatment for cervical disc degeneration, status post fusion C7- T1, lumbar-lumbosacral disc degeneration, status post-surgery (1995 and 2003), carpal tunnel syndrome, ulnar compression, muscle spasm, and obesity. According to the progress report dated 10-7-2015, the injured worker presented with complaints of numbness and tingling along the ulnar side of the right forearm proximal to the wrist, exacerbated by repetitive action. In addition, he reports chronic neck and shoulder pain, right greater than left. Low back pain with radiation into the right leg associated with numbness. On a subjective pain scale, he rates his pain 8-10 out of 10. The physical examination of the cervical, thoracic, and lumbar reveals diminished range of motion due to pain inhibition. There is palpable tenderness and spasm to paraspinal, shoulder blade, and lateral lower buttock areas. The medications prescribed are Ultram, Motrin, Amitiza (since at least 2014), and Benazepril. Previous diagnostic studies include electrodiagnostic testing and MRI studies. Treatments to date include medication management, physical therapy, TENS unit, and surgical intervention. Work status is described as "off work until 11-30-2015". The original utilization review (10-16-2015) partially approved a request for Amitiza 24mcg #60 (original request was for #60 with 3 refills).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitiza 24mcg #60 With 3 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. 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 Official Disability Guidelines (ODG) Chronic Pain, Lubiprostone (Amitiza) Online edition 2015.

**Decision rationale:** This independent medical review is to determine the medical necessity of an Amitiza prescription with three refills. The MTUS/ACOEM guidelines do not address this request, and therefore the ODG was referenced. The ODG notes that Lubiprostone (Amitiza) is recommended only as a second line treatment in opioid induced constipation. While it is acknowledged that this patient does have opioid induced constipation, and that this medication is an appropriate choice for a trial period in this patient's case, the additional requested refills cannot be considered medically necessary at this time. This patient's case will need to be re-evaluated after an initial trial period of Amitiza so that it may be determined if this medication is efficacious for this patient. Likewise, this request for Amitiza with three refills is not considered medically necessary.