MAXIMUS Federal Services

| Case Number: | CM15-0207405 | | |
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| Date Assigned: | 10/26/2015 | Date of Injury: | 12/02/1987 |
| Decision Date: | 12/11/2015 | UR Denial Date: | 10/13/2015 |
| 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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

## 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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic neck pain, chronic low back pain, myalgias and/or myositis of various body parts reportedly associated with an industrial injury of December 2, 1987. In a Utilization Review report dated October 30, 2015, the claims administrator failed to approve a request for Amitiza while reportedly approving Norco, Neurontin, and tizanidine. An October 1, 2015 date of service was referenced in the determination. The attending provider did not, however, make any mention whether the previously introduced Amitiza had proven effective in ameliorating issues with constipation. The applicant's attorney subsequently appealed. On said October 1, 2015 date of service, the applicant reported ongoing complaints of low back pain. The applicant remained off of work, the treating provider acknowledged. The applicant was pending a spinal cord stimulator implantation procedure. The applicant was using Norco and Neurontin for pain relief, the treating provider reported. The treating provider contended that the applicant's medications were generating appropriate analgesia and functional improvement, despite the applicant's seeming failure to return to work. The applicant had undergone various procedures over the course of the claim, including a lumbar fusion surgery, a total knee arthroplasty, a herniorrhaphy, and a spinal cord stimulator implantation, the treating provider noted. Norco and Neurontin were endorsed. The attending provider stated that he was renewing Amitiza, first introduced on August 4, 2015 for issues with opioid-induced constipation. The attending provider contended that fiber alone was insufficient to regularize the applicant's bowel movements. On an earlier note dated August 4, 2015, Amitiza, Neurontin, and Norco were all endorsed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lubiprostone (Amitiza) 8mcg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter Lubiprostone (Amizita).

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Lubiprostone (Amitiza).

**Decision rationale:** No, the request for Amitiza, a laxative agent, was not medically necessary, medically appropriate, or indicated here. While page 77 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend the prophylactic initiation of constipation in applicants who have been furnished opioid agents and while ODGs Chronic Pain Chapter Lubiprostone topic acknowledges that Amitiza is recommended as a possible second-line option for treatment in opioid-induced constipation, both recommendations are, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, Amitiza was seemingly introduced for the first time on August 4, 2015. A subsequent note dated October 1, 2015, however, made no mention whether or not previously introduced Amitiza had or had not ameliorated issues with previously described opioid-induced constipation. No seeming discussion of medication efficacy transpired insofar as Amitiza was concerned on the October 1, 2015 office visit at issue. Therefore, the request was not medically necessary.