

Case Number:	CM15-0207848		
Date Assigned:	10/26/2015	Date of Injury:	02/05/2008
Decision Date:	12/15/2015	UR Denial Date:	10/01/2015
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: Arizona, Texas

Certification(s)/Specialty: Internal 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 injured worker was a 66 year old male, who sustained an industrial injury, February 5, 2008. The injured worker was undergoing treatment for lumbar spondylosis and hypertension. According to progress note of August 25, 2015' the injured worker's chief complaint was increased abdominal, lower back and mid back pain and stiffness of the lumbar spine and muscle spasms of the lumbar spine. The physical exam of the lumbar spine noted restricted range of motion limited to 75 degree due to pain. The paravertebral muscles were normal. The facet loading were negative on both sides. There was tenderness over the lumbosacral junction. The injured worker previously received the following treatments Amitiza 24mcg #100 one daily since July 22, 2015 and Aspirin. The UR (utilization review board) denied certification on October 1, 2015, for a prescription for Amitiza 24mcg #100 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Amitiza 24mcg #100 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date.com, Drug information, Amitiza.

Decision rationale: The MTUS is silent regarding the use of Amitiza for patients with work related injury. According to UPtodate.com, Amitiza is FDA approved for the treatment of chronic idiopathic constipation; treatment of opioid-induced constipation with chronic non-cancer pain; treatment of irritable bowel syndrome with constipation in adult women. In this case the documentation reviewed does not support that the patient has a diagnosis that would necessitate treatment with Amitiza. Furthermore, there is no documentation that the use of Amitiza has improved symptoms or function. The continued use of Amitiza is not medically necessary.