

Case Number:	CM15-0020332		
Date Assigned:	02/09/2015	Date of Injury:	12/17/2009
Decision Date:	03/25/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/03/2015

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: California
 Certification(s)/Specialty: Emergency 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 is a 50 year old female, who sustained an industrial injury on 12/17/2009. On provider visit dated 01/08/2015 the injured worker has reported bilateral legs, bilateral knees, bilateral low back and bilateral ankles and feet pain. On examination was noted unable to tolerate touch to the left ankle, toes are cold on left foot and obvious hair loss of left lower leg. In progress note dated 1/8/15 patient was noted to have constipation due to inability to get enough Miralax for a twice a day use as recommended therefore Miralax was discontinued and Amitiza was prescribed instead. However, most recent progress notes dated 1/26/15 do not mention constipation or effectiveness of the medication prescribed. Patient is chronically on intermittent use of Norco. The diagnoses have included lower extremity reflex sympathetic dystrophy, chronic pain due to trauma, pain in joint involving ankle and foot, and disturbance of skin sensation. Treatment to date has included medication. Treatment plan included medication and laboratory studies. Last urine drug screen was collected on 12/29/14 and was appropriate. On 01/29/2015 Utilization Review non-certified Amitiza 8mcg #60 and retrospective: Urine drug screen. The ODG and Non- MTUS, ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza 8mcg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, opioid-induced constipation treatment and on www.drugs.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77, Postsurgical Treatment Guidelines.

Decision rationale: Amitiza is lubiprostone. It is FDA approved for treatment of irritable bowel syndrome, chronic constipation or opioid induced constipation. Pt is currently on opioid therapy and is currently on Norco. As per MTUS guidelines, patients on opioid therapy should be on prophylaxis against constipation. Pt has noted constipation and was previously on Miralax but was only switched to Amitiza due to inability to get enough of the miralax powder for use. As per MTUS guidelines, patients on opioid therapy should be on constipation prophylaxis. As per ODG and other sources, Amitiza is a second line treatment after failure of conservative prophylactic constipation medications. There is no failure of Miralax, there is only documentation of patient's inability to get enough of the medication for use. There is no documentation to support the use of a second line anti-constipation medication. Amitiza is not medically recommended.

Retrospective: Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation ODG (Online Disability Guidelines) chronic Pain Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As per MTUS Chronic pain guidelines, drug screening may be appropriate as part of the drug monitoring process. Primary requesting physician for Urine drug test does not document monitoring of CURES and asking questions concerning suspicious activity or pain contract. There is no documentation from the provider concerning patient being high risk for abuse. Last UDS and results were not provided for review. No rationale for Urine Drug Screen was provided. The lack of appropriate documentation concerning opioid and abuse monitoring does not support Urine Drug Screen. Retrospective Qualitative Drug Screen is not medically necessary.