

Case Number:	CM15-0022440		
Date Assigned:	02/12/2015	Date of Injury:	09/14/1994
Decision Date:	03/25/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/06/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 56 year old female who sustained an industrial injury on 09/14/1994. Diagnoses include lumbar spine sprain/strain, lumbar musculoligamentous injury, lumbar spine disc disease, lumbar spine radiculopathy, lumbar spine chronic pain syndrome and lumbar spine surgery x 2. Treatment to date has included medications, physical therapy, lumbar surges and epidural steroid injections. A physician progress note dated 11/07/2014 documents the injured worker complains of lumbar spine pain that radiates to her bilateral legs, left greater the right and to her heel with numbness and tingling. Her pain is rated a 7 out of 10. On examination there is tenderness, guarding and spasm over the paraspinal muscle and rhomboid muscle. There is also facet tenderness. Range of motion is decreased and she has a positive Farfan test bilaterally. Medications help with her pain. Treatment requested is for Amitiza 24 mcg #60. On 01/15/2015 Utilization Review non-certified the request for Amitiza 24 mcg #60 and cited was California MTUS Guidelines, and Official Disability Guidelines.

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of chronic constipation in adults uptodate

Decision rationale: In this injured worker, it is documented that an opioid analgesic has been prescribed which can cause constipation and the review of systems also documents a history of constipation. However, the physical exam and assessment do not document any issue with chronic constipation not amendable to alternative treatment methods prior to medications such as amitiza. A discussion of side effects and efficacy is also not documented. The records do not justify medical necessity for the amitiza.