MAXIMUS Federal Services

Case Number:	CM15-0212561		
Date Assigned:	11/02/2015	Date of Injury:	06/01/2011
Decision Date:	12/18/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/28/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 40-year-old male, who sustained an industrial injury on 6-1-2011. The injured worker is undergoing treatment for: left shoulder pain and dorsalgia. On 9-3-15, 10-15-15, he reported pain level with medications 6 out of 10 and without medications 8 out of 10. He is noted to "not report any change in location of pain" and denied other symptoms, new problems and side effects. He indicated his level of activity had decreased; medications were working well and having no side effects. He reported no abdominal pain or indigestion. Physical examination revealed he had antalgic and slowed gait with use of cane, tenderness in the thoracic spine, restricted lumbar range of motion, hypertonicity, spasm and tenderness in the low back, normal heel and toe walking, negative straight leg raise testing, restricted bilateral shoulder range of motion, PMI is non-displaced and normal in character, no evidence of edema. There is no physical examination of the gastrointestinal system. The provider noted he had an esophagogastroduodenoscopy which revealed nodules and enlarged blood vessels in the stomach. He is noted to have lost 50 pounds to get onto the liver transplant list. The treatment and diagnostic testing to date has included: medications. Medications have included: Oxycodone, Senokot, Volataren gel, Amitiza, Diclofenac, Colace, Lunesta, and MS Contin. The records indicate he has been utilizing Amitiza since at least April 2015, possibly longer. Current work status: not working. The request for authorization is for: Amitiza (lubiprostone) 8mcg quantity 60, one twice daily. The UR dated 10-22-2015: modified certification of Amitiza 8mcg takes one twice-daily quantity 40.

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: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment.

Decision rationale: The claimant sustained a work injury in June 2011 when he was involved in a motor vehicle accident while driving a truck. He has low back pain with lumbar instability at L5/S1 with disc degeneration and has ongoing shoulder and upper extremity pain. Medical conditions include obesity and hepatitis. The claimant is losing weight in order to undergo a liver transplant. In April 2015, medications included Oxycodone and MS Contin. The total MED (morphine equivalent dose) was 90 mg per day. Senokot-S, Amitiza, and Colace were being prescribed. Gastrointestinal review of systems was negative. When seen in October 2015 medications were decreasing pain from 8/10 to 6/10. He was not having any new problems or side effects. Physical examination findings included a body mass index over 51. He appeared to be fatigued and in mild pain. He had a slow antalgic gait and was using a cane. There was decreased and painful lumbar spine range of motion with tenderness and muscle spasms. He had decreased shoulder range of motion bilaterally with positive speeds testing on the left side with tenderness and crepitus. He had decreased left shoulder strength and decreased left upper extremity sensation. The same medications were active and prescriptions included Colace, Amitiza, Oxycodone, and MS Contin. Guidelines recommend treatment due to opioid-induced constipation, which is a common adverse effect of long-term opioid use and can be severe. Peripherally acting mu-opioid antagonists are effective for opioid-induced constipation but are expensive and are not a first line treatment. Most patients are initially treated with lifestyle modifications, such as increased fluid intake, and increased dietary fiber intake. Additional fiber intake in the form of polycarbophil, methylcellulose, or psyllium may improve symptoms. The next step in the treatment of constipation is the use of an osmotic laxative, such as polyethylene glycol, followed by a stool softener, such as docusate sodium, and then stimulant laxatives. If symptoms do not improve, a trial Amitiza (lubiprostone) may be appropriate. In this case, there is no evidence that the claimant failed the recommended initial treatments for opioid induced constipation before Amitiza was prescribed. Senokot-S and Colace are active medications and if there had been failure with these, there would be no reason for them to be continued. Prescribing Amitiza is not considered medically necessary.