MAXIMUS Federal Services

Case Number:	CM15-0214347		
Date Assigned:	11/04/2015	Date of Injury:	03/13/1995
Decision Date:	12/22/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/30/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 65-year-old female, with a reported date of injury of 03-13-1995. The diagnoses include complete rupture of right rotator cuff, thoracic and lumbosacral neuritis or radiculitis, lumbar spinal stenosis without neurogenic claudication, carpal tunnel syndrome, insomnia, opioid-type dependence, and de Quervain's tenosynovitis. The progress report dated 09-25-2015 indicates that the injured worker complained of pain in the lower back, arms, and wrists. She reported a sudden onset of pain. The pain radiated to the right hip, right foot, and right buttock. The injured worker rated her pain 8 out of 10 (08-27-2015 and 09-25-2015). Other associated symptoms and problems include constipation with the current medications. The injured worker stated that her medications help her pain level stay at 5-6 out of 10, and without the medications her pain would be 10 out of 10. The physical examination (08-27-2015 and 09- 25-2015) showed limited active range of motion of the cervical spine; ability to heel and toe walk; flexion at 65 degrees with increased pain; positive de Quervain's on the left with visible swelling; positive impingement test pain with palpation to the right acromioclavicular joint; positive right straight leg raise; positive McMurray's; and positive Tinel's on the right. The diagnostic studies to date have included a urine drug screen on 06-29-2015 which was consistent for Oxycodone, Noroxycodone, and Oxymorphone. Treatments and evaluation to date have included Amitiza (since at least 04-2015), Halcion, OxyContin, and Zanaflex. The request for authorization was dated 09-29-2015. The treating physician requested Amitiza 24mcg #60 for constipation. On 10-02-2015, Utilization Review (UR) non-certified the request for Amitiza 24mcg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza 24mcg #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 (ODG), Pain (Chronic): Lubiprostone (Amitiza).

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), Lubiprostone (Amitiza) and Other Medical Treatment Guidelines http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0011005/?report=details.

Decision rationale: Per the US National Library of Medicine Lubiprostone is used to treat chronic constipation in adults. It is also used to treat constipation caused by opioid (narcotic) medicines in adults with chronic, non-cancer pain. This medicine works by increasing intestinal fluid secretion, which helps ease the passage of stool and helps relieve the symptoms associated with constipation. Per MTUS CPMTG, when initiating opioid therapy, prophylactic treatment of constipation should be initiated. It was noted per the medical records that the injured worker experiences constipation with her current medication regimen. However, per the ODG guidelines regarding lubiprostone: Recommended only as a possible second-line treatment for opioid-induced constipation. As there was no evidence of failure of first-line constipation medications, medical necessity cannot be affirmed; the request is not medically necessary.