

Case Number:	CM15-0219028		
Date Assigned:	11/10/2015	Date of Injury:	02/10/2011
Decision Date:	12/29/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/06/2015

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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 48-year-old male with an industrial injury date of 02-10-2011. Medical record review indicates she is being treated for chronic traumatic pain, right mid and ring finger amputation, neuritis right mid and ring finger stumps, left shoulder pain-impingement symptoms-status post decompression, myofascial pain, comorbid constipation, comorbid insomnia and mood issue. Subjective complaints (08-13-2015) included left shoulder pain, insomnia and numbness from left shoulder blade down to whole hand. The treating physician indicated Senekot helped for comorbid constipation. Work status (08-13-2015) is documented as temporary total disability (injured worker stated employer unable to accommodate modified duty.) Current medications included Senekot-S, Miralax, Silenor, Lisinopril and Norco. Ambien was discontinued. Physical exam (08-13-2015) noted positive Spurling's on left side. Left shoulder range of motion was diminished with pain and impingement was positive. Gastrointestinal assessment is not indicated in the 08-13-2015 note. The treating physician indicated Amitiza was requested to avoid the side effect of chronic Senekot-S. On 10-14-2015 the request for Amitiza 8 mcg # 60 with refills was modified to Amitiza 8 mcg # 60 with 2 refills and Senokot-S was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza 8mcg # 60 with 3 refills: 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 Official Disability Guidelines (ODG) pain (opioid-induced constipation).

Decision rationale: The request is for Amitiza, which is not addressed by MTUS. Amitiza is recommended only as a second-line treatment for opioid-induced constipation. In this case, it is being prescribed in an attempt to avoid the chronic side effects of Senekot-S, which the patient has been taking. The request is for a 1-month supply with 3 refills (4 months' supply). The request is excessive, as the patient should be monitored on a month-to-month basis to determine ongoing efficacy. Therefore, the request is not medically necessary or appropriate.

Senekot -S: 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 Official Disability Guidelines (ODG) Pain (opioid-induced constipation).

Decision rationale: MTUS does not address Senekot-S for the treatment of opioid-induced constipation. Senekot is indicated for short-term use, 1-2 weeks at a time. This patient has been taking Senekot in excess of guideline recommendations. In this case, the patient has received a modified approval for Amitiza, so Senekot is no longer medically necessary. Weaning or discontinuing the opioid Norco is also an option to treating the opioid-induced constipation.