

Case Number:	CM15-0219345		
Date Assigned:	11/12/2015	Date of Injury:	08/10/2007
Decision Date:	12/24/2015	UR Denial Date:	10/21/2015
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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 41 year old male, who sustained an industrial injury on August 10, 2007, incurring right knee injuries. He was diagnosed with an internal derangement of the right knee. Treatment included pain medications, neuropathic medications, proton pump inhibitor, antidepressants, muscle relaxants, laxatives, physical therapy, knee immobilizer, and acupuncture, psychotherapy, and activity modifications. He underwent a right knee partial lateral meniscectomy with chondroplasty on October 11, 2011. Currently, the injured worker complained of persistent right knee pain, with stabbing, sharp, throbbing pain radiating into the right leg and foot. He rated his pain 3 out of 10 on a pain scale from 0 to 10, worse with bending at the knees, standing and walking. He reported locking, swelling and weakness of the right leg interfering with his activities of daily living. He noted restricted range of motion in the knee and lumbar spine. The injured worker continued with pain medications and developed opioid-induced constipation. The treatment plan that was requested for authorization included a prescription for Amitiza 24 mcg #60 with 3 refills. On October 21, 2015, a request for a prescription for Amitiza 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 24mcg #60 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioid-induced constipation treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Lubiprostone (Amitiza) Section.

Decision rationale: MTUS Guidelines recommends the prophylactic treatment of constipation when initiating opioid therapy. The ODG states that first line treatment for opioid induced constipation includes laxatives to help stimulate gastric motility, as well as other medications to help loosen hard stools, add bulk, and increase water content of the stool. Per the ODG, Amitiza is recommended only as a possible second-line treatment for opioid-induced constipation. There is no documented evidence that the injured worker has attempted a trial and failed with first-line agents. The request for Amitiza 24mcg #60 x 3 is determined to not be medically necessary.