

Case Number:	CM15-0220663		
Date Assigned:	11/16/2015	Date of Injury:	10/04/2012
Decision Date:	12/23/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/10/2015

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: 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 49 year old male who sustained an industrial injury on 10-04-2012. Medical records indicated the worker was treated for abdominal pain (improved), Acid reflux (improved), Constipation-diarrhea; rule out irritable bowel syndrome (improved) Orthopedic diagnosis, and psychiatric diagnosis. In the provider notes of 09-29-2015, the injured worker reports improved acid reflux with medications, improved abdominal pain, and improved diarrhea-constipation. On exam, he is alert, pleasant and cooperative, and his abdomen is soft with normoactive bowel sounds. The worker complains of back, neck, and shoulder pain. His medications include HCTZ, Benazepril, Dexilant, Probiotics, and Amitiza (since at least 8-04-2015). He has been advised to follow a low-fat, low acid diet and to avoid non-steroidal anti-inflammatory medications. He is advised to report to the emergency department for chest pain. A request for authorization was submitted 09-29-2015 for Amitiza 8mcg #45 with 3 refills. A utilization review decision 10-13-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza 8mcg #45 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, amitiza.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of irritable syndrome-constipation variant. The patient does have these diagnoses and has documentation of symptoms and findings on exam. Therefore, the request is medically necessary.