

<b>Case Number:</b>	CM15-0223591		
<b>Date Assigned:</b>	11/19/2015	<b>Date of Injury:</b>	10/20/2010
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2015

### 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: Physical Medicine & Rehabilitation

### 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 60-year-old female, who sustained an industrial injury on 10-20-2010. The injured worker was diagnosed as having chronic pain disorder, multi-factorial, left shoulder pain-status post surgery, neck pain-rule out degenerative disc disease, cervicogenic headache, left epicondylitis-status post surgery 6-2013, chronic low back pain, gastroesophageal reflux disease, overweight, and comorbid constipation. Treatment to date has included diagnostics and medications. On 10-07-2015, the injured worker's complaints included "more neck pain", headache, poor tolerance to static posture, elevated blood pressure due to pain, chronic neck pain with burning radiating to the left side of head, left shoulder pain, elbow pain, diminished range of motion, poor tolerance to sustained posture, repetitive activity above chest, and feeling unsteady with prolonged standing. She reported that H wave, Norco and Naproxen minimized her pain and improved function and activities of daily living. Complaints of constipation were not noted. Current medications were documented as Norco, Flexeril, Cambia, and Prilosec. Current pain was rated 9 out of 10, fluctuation between 8-9 out of 10. Objective findings included tenderness to palpation on the base of skull, left shoulder area, left epicondyle, and L4-5 area. An abdominal exam was not noted. A review of symptoms noted "bowel hygiene review with Bristol visual card, she has constipation". The treatment plan included update urine toxicology, continued medications, and Amitiza (previous use not noted). Work status was not specified. Urine toxicology (7-08-2015) was consistent with Hydrocodone, Hydromorphone, Norhydrocodone, and Acetaminophen. On 10-14-2015 Utilization Review non-certified a request for update urine toxicology screen (DOS 10-07-2015) and Amitiza 8mcg (1 tab twice daily) #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitiza 8 mcg #1 po bid prn #60 constipation:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Based on the 10/7/15 progress report provided by the treating physician, this patient presents with worsening neck pain and headaches with poor tolerance to static posture, with neck pain radiating to the left side of head to the eyebrow area, left shoulder pain, left elbow pain, and low back pain. The treater has asked for AMITIZA 8 MCG #1 PO BID PRN #60 CONSTIPATION on 10/7/15. The request for authorization was not included in provided reports. The patient is s/p unspecified elbow injection from 5/11/15 without documentation of benefit per 7/8/15 report. The patient had an elevation of blood pressure due to pain exacerbation per 10/7/15 report. The patient feels unsteady with prolonged standing, and back pain has poor tolerance to stooping and bending per 10/7/15 report. The patient is unable to get her medications and her pain flared due to inability to get Cambia per 7/8/15 report. The patient's work status is not included in the provided documentation. MTUS, Initiating Opioids Section, page 77: (d) Prophylactic treatment of constipation should be initiated. Opioid induced constipation is a common adverse side effect of long-term opioid use. MTUS, Opioids for osteoarthritis Section under Short Term Use pg. 83: Benefits of opioids are limited by frequent side effects (including nausea, constipation, dizziness, and somnolence and vomiting). (Stitik, 2006) (Avouac, 2007) (Zhang, 2008) Review of reports do not show prior use of Amitiza or any other stool softener. The utilization review letter dated 10/14/15 denies the request as the patient should have discontinued Norco by this time. However, there is a diagnosis of "comorbid constipation" per requesting 10/7/15 report, and the treater does state that the Amitiza is for "constipation." Additionally, the guidelines provide firm support for medications intended to reduce opioid- induced constipation and the patient is currently taking Norco. Therefore, the current request for Amitiza is reasonable and within guideline recommendations. The request IS medically necessary.

**Update urine tox screen:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under Urine Drug Testing.

**Decision rationale:** Based on the 10/7/15 progress report provided by the treating physician, this patient presents with worsening neck pain and headaches with poor tolerance to static posture, with neck pain radiating to the left side of head to the eyebrow area, left shoulder pain, left elbow pain, and low back pain. The treater has asked for UPDATE URINE TOX SCREEN on 10/7/15. The patient's diagnoses per request for authorization dated 10/7/15 are chronic left epicondylitis, neck pain, headache. The patient is s/p unspecified elbow injection from 5/11/15 without documentation of benefit per 7/8/15 report. The patient had an elevation of blood pressure due to pain exacerbation per 10/7/15 report. The patient feels unsteady with prolonged standing, and back pain has poor tolerance to stooping and bending per 10/7/15 report. The patient is unable to get her medications and her pain flared due to inability to get Cambia per 7/8/15 report. The patient's work status is not included in the provided documentation. MTUS, Drug Testing Section, page 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC, Pain chapter under Urine Drug Testing states: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only." Per 10/7/15 report, the treater includes the following in the patient's urine toxicology history review: "4/18 and 6/10 point-of-care were positive, but the confirmation 6/13/2013 was negative. 9/9/13 reveals all 3 components of Norco and TCA." Utilization review letter dated 10/14/15 denies the request citing that the candidate is not a candidate for Norco and as there is no documentation of aberrant behavior, addiction, or abuse. However, ODG recommends urine drug screens on a yearly basis if the patient is at low risk. Given the patient is undergoing opioid therapy; the request would appear to be indicated. In this case, there is no documentation of a recent urine drug screen, as the urine toxicology history only dates back to 2014. Therefore, the request IS medically necessary.