

Case Number:	CM15-0225667		
Date Assigned:	11/24/2015	Date of Injury:	10/20/1999
Decision Date:	12/31/2015	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	11/17/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 66 year old male, who sustained an industrial injury on 10-20-1999. The injured worker was diagnosed as having intractable low back pain and Parkinson's disease. On medical records dated 06-11-2015, 07-09-2015 and 10-08-2015 the subjective complaints were noted as pain in the low back and down the bilateral lower extremities to feet. Pain was rated 7-10 out of 10 with medication and 4-9 out of 10 with medication. Objective findings were noted as single point cane for cane and support. Diffused pain in the lumbar paraspinal musculature, which was readily exacerbated with flexion and extension and paravertebral muscle, spasm, tenderness and tight muscle band noted on both sides. Treatment to date included medication. Current medications were listed as Amitiza (since at least 07-2015), Cymbalta, Mobic, Ambien, Baclofen and Percocet. The Utilization Review (UR) was dated 11-12-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for 1 prescription of Amitiza 24mcg #60 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Amitiza 24mcg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanton C. Management

of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Opioid induced Constipation and Other Medical Treatment Guidelines <http://www.webmd.com/drugs/Amitiza>, <http://www.amitiza.com/>.

Decision rationale: MTUS is silent on Amitza specifically. ODG discusses Amitza as a second line opioid induced constipation treatment. ODG states "First-line: When prescribing an opioid, and especially if it will be needed for more than a few days, there should be an open discussion with the patient that this medication may be constipating, and the first steps should be identified to correct this. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. Second-line: If the first-line treatments do not work, there are other second-line options. About 20% of patients on opioids develop constipation, and some of the traditional constipation medications don't work as well with these patients, because the problem is not from the gastrointestinal tract but from the central nervous system, so treating these patients is different from treating a traditional patient with constipation. An oral formulation of methylnaltrexone (Relistor) met the primary and key secondary end points in a study that examined its effectiveness in relieving constipation related to opioid use for non-cancer-related pain. The effectiveness of oral methylnaltrexone in this study was comparable to that reported in clinical studies of subcutaneous methylnaltrexone in subjects with chronic non-cancer-related pain. There was an 80% improvement in response with the 450 mg dose and a 55% improvement with 300 mg. Constipation drug lubiprostone (Amitiza) shows efficacy and tolerability in treating opioid-induced constipation without affecting patients' analgesic response to the pain medications. Lubiprostone is a locally acting chloride channel activator that has a distinctive mechanism that counteracts the constipation associated with opioids without interfering with the opiates binding to their target receptors." The treating physician has not provided documentation of a trial and failure of first line therapies (increased physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber; a trial of over the counter medication). Additionally, there is no documentation provided of a clear indication for this medication. As such, the request for Amitiza 24mcg #60 is not medically necessary.