

<b>Case Number:</b>	CM15-0039144		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	03/18/2010
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Connecticut, California, Virginia  
 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 44-year-old male, who sustained an industrial injury on 03/18/2010. He has reported subsequent left lower extremity pain and was diagnosed with pyoderma gangrenosum of the left lower leg, spondylolisthesis of the lumbosacral spine. Treatment to date has included antibiotics, oral pain medication, physical therapy and surgical debridement. In a progress note dated 11/18/2014, the injured worker complained of low back pain. Objective findings showed left leg edema and tenderness of the low back. The physician noted that refills of Gabapentin and Amitiza would be requested. No subjective or objective findings of the neurologic or gastrointestinal systems were documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16-19.

**Decision rationale:** Anti-epilepsy medications like Neurontin (Gabapentin) are recommended for neuropathic pain; in this case, with no legible evidence of objective findings or test results indicative of neuropathic pain, it is difficult to conclude that an antiepileptic is an appropriate treatment modality. Therefore, the request for Neurontin cannot be considered medically necessary based on the provided records.

**Amitiza 24 mcg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**Decision rationale:** Amitiza (lubiprostone) may be considered appropriate for treatment of constipation secondary to chronic opioid use. In this case, however, it appears that the patient is being weaned from opioids, and there is no evidence of constipation/gastrointestinal findings on clinical exam or history in the provided records. Without documented evidence of constipation and a plan currently in place to wean from and discontinue opioids, the request for Amitiza cannot be considered medically necessary at this time.