

Case Number:	CM15-0042107		
Date Assigned:	03/12/2015	Date of Injury:	03/24/2010
Decision Date:	04/22/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/05/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 53 year old male, who sustained an industrial injury on 03/24/2010. Initial complaints reported included pain/injury to right shoulder and then a fall resulting in neck pain/injury. Treatment to date has included cervical surgery, medication management, hyperbaric treatment, psychiatric/psychological therapy, electroconvulsive therapy, TENS (Transcutaneous Electrical Nerve Stimulation), physical therapy, aquatic therapy, occupational therapy, and MRIs. Currently, the injured worker (who resides in a transitional living center due to chronic suicidal ideations) complains of nocturnal incontinence, and ongoing depression. Current diagnoses include incomplete C6 spinal cord injury, traumatic brain injury, neurogenic bladder and bowel, depression, and chronic low back pain. The current treatment plan includes continued medications, transcranial magnetic stimulation, replacement compression stockings, replacement wheelchair, and continued residence at the transitional living center.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tabs of Amitiza MCG with 6 Refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid induced constipation treatment.

Decision rationale: MTUS guidelines did not address the use of Amitiza for constipation treatment. According to ODG guidelines, Amitiza is recommended as a second line treatment for opioid induced constipation. The first line of measures are: increasing physical activity, maintaining appropriate hydration, advising the patient to follow a diet rich in fiber, using some laxatives to stimulate gastric motility, and use of some other over the counter medications. It is not clear from the patient file that the first line measurements were used. Therefore, the request for 60 Tabs of Amitiza MCG with 6 Refills is not medically necessary.