

Case Number:	CM15-0053306		
Date Assigned:	03/26/2015	Date of Injury:	02/02/2012
Decision Date:	05/04/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/20/2015

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: Emergency 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 41-year-old male, who sustained an industrial injury on 02/02/2012. He reported pain in his right groin. The injured worker was diagnosed as having a recurrent right inguinal hernia. Following the hernia repair, he continued to complain of pain and was diagnosed with nerve entrapment. He was referred for pain control. According to a progress report dated 01/06/2015, the injured worker complained of pain and constipation. Post op allodynia with pain right flank and right groin with allodynia in right groin was noted. Current medications included Lidoderm patches, Tylenol, Oxycontin and Gabapentin. Treatment plan included Lidoderm, Oxycontin, Gabapentin, Nuvigil and Amitiza.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza 24 MCG #60 (Dispensed 1/06/2015): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: The requested Amitiza 24 MCG #60 (Dispensed 1/06/2015), is medically necessary. CA Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, July 18, 2009, Opioids, criteria for use, Page77, noted in regards to opiate treatment that opiates have various side effects, that include serious fractures, sleep apnea, hyperalgesia, immunosuppression, chronic constipation, bowel obstruction and that Prophylactic treatment of constipation should be initiated. The injured worker has right groin pain and constipation. The treating physician has documented a recurrent right inguinal hernia. The treating physician has documented opiate-induced constipation, which is an indication for this medication. The criteria noted above having been met, Amitiza 24 MCG #60 (Dispensed 1/06/2015) is medically necessary.