

Case Number:	CM15-0054717		
Date Assigned:	03/30/2015	Date of Injury:	12/27/2002
Decision Date:	05/07/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/23/2015

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 64 year old female who sustained an industrial injury on 12/27/02. Initial complaints and diagnoses are not available. Treatments to date include medications, aquatic therapy, and bilateral knee replacements. Diagnostic studies include a MRIs and x-rays of the lumbar spine. Current complaints include lumbar spine and bilateral knee pain. Current diagnoses include lumbar levoscoliosis, lumbar disc protrusions, lumbar radiculitis, sacroiliac joint pain, lumbar facet joint pain, new thoracic strain with myofascial pain/spasm, and opioid dependence. In a progress note dated 02/03/15 the treating provider reports the plan of care as medications include hydrocodone, Diazepam, Prilosec, as well as chiropractic therapy and bilateral medial collateral ligament platelet rich plasma injections. The requested treatment is Amitiza.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza samples 24 mcg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid-Initiating Therapy and Long-term users of Opioids, pages 77 & 88.

Decision rationale: Amitiza (lubiprostone) is a chloride channel activator for oral use indicated for treatment of irritable bowel syndrome and chronic idiopathic constipation; however, the effectiveness of Amitiza in the treatment of opioid-induced constipation in patients taking opioids has not been established in clinical studies. The patient continues to treat for chronic symptoms for this chronic injury; however, reports have no notation regarding any subjective constipation complaints or clinical findings related to GI side effects. The submitted documents have not adequately addressed or demonstrated the indication of necessity for this medication over other trials of laxative or stool softeners. The Amitiza samples 24 mcg, thirty count is not medically necessary and appropriate.