

Case Number:	CM15-0087423		
Date Assigned:	05/11/2015	Date of Injury:	03/24/2010
Decision Date:	06/18/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/06/2015

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: Family Practice

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 a work related injury on 3/24/10. The diagnoses have included spinal cord injury and neurogenic bowel. The treatments have included medications, diet and exercise. In the [REDACTED] Note dated 4/1/15, the injured worker complains of chronic pain due to spinal cord injury. He does take Norco as needed. Because of the spinal cord injury, he has neurogenic bowel. He has fluctuated between diarrhea and constipation and several other forms of treatment have been tried. He has no bowel control and has incontinence. Diet and exercise do help and he has tried multiple products. The treatment plan includes a recommendation for Amitiza.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza capsules 24mg #60 with 6 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

Decision rationale: According to ODG, Lubiprostone (Amitiza) is recommended only as a possible second-line treatment for opioid-induced constipation. Per the guidelines, if prescribing opioids has been determined to be appropriate, prophylactic treatment of constipation should be initiated. The medical records indicate that the injured worker has failed first line treatments to address his constipation. The request for Amitiza capsules 24mg #60 with 6 refills is medically necessary and appropriate.