

<b>Case Number:</b>	CM15-0088218		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	07/03/2013
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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:

This 33 year old male sustained an industrial injury on 7/3/13. The injured worker collided into a pole in a zip line accident. The injured worker was diagnosed with a fractured pelvis and sacrum. The injured worker suffered from ongoing severe constipation and performed self-disimpaction for bowel movements. In a follow-up report dated 12/30/14, the physician noted that the injured worker had suffered from intractable constipation and defecation dysfunction since his accident. The injured worker had tried multiple combinations including Miralax, Metamucil, Citrucel and Colace. The physician noted that the injured worker continued to have bowel movements once every four days with pellet like stools. The injured worker had completed a Sitzmark study that showed slow transit and outlet type constipation. The injured worker was off laxatives during the study and noted severe constipation and lack of bowel movements. The injured worker reported that Amitiza was the best medication for him. The injured worker reported that once daily Metamucil gave him gas disturbances. The injured worker was also participating in physical therapy with a pelvic floor therapist. Current diagnoses included mixed type constipation. The treatment plan included continuing current bowel regimen including Amitiza and continuing pelvic floor physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Amitiza twice a day:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines [http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html).

**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:** Per the Official Disability Guidelines, Lubiprostone (Amitiza) is recommended only as a possible second-line treatment for constipation. In this case, the medical records note that the injured worker has suffered from ongoing severe constipation and performed self-disimpaction for bowel movements. The injured worker had tried multiple combinations including Miralax, Metamucil, Citrucel and Colace. This medication is noted to have been efficacious in the treatment of the injured worker's constipation. The request for Pharmacy purchase of Amitiza twice a day is medically necessary and appropriate.