

Case Number:	CM14-0128645		
Date Assigned:	09/16/2014	Date of Injury:	12/16/1997
Decision Date:	12/17/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/13/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a patient with a date of injury of December 16, 1997. A utilization review determination dated July 17, 2014 recommends modified certification of Amitiza and OxyContin. Modified certification of Amitiza was recommended due to no clear documentation of efficacy from continued use and failure of first-line agents. Modified certification of OxyContin was recommended due to lack of documentation of a risk assessment profile, attempts at weaning/tapering, updated pain contract, and ongoing efficacy with medication use. A progress report dated May 1, 2014 identifies subjective complaints of 50% pain relief in the low back and legs with an epidural steroid injection. Medication use has not decreased secondary to multiple pain issues. The note indicates that functional ability has increased 20% with increased activity level and endurance [due to the epidural injection]. Objective examination findings revealed decreased sensation at L5/S1. A urinalysis was performed in July 2013 and CURES was performed in October 2013. Diagnoses include lumbar radiculitis, cervical radiculitis, and left lower extremity CRPS. The treatment plan recommends OxyContin, baclofen, Lyrica, and Amitiza. The patient is advised to continue a home exercise program. Medications are recommended to be weaned as tolerated. A report dated March 5, 2014 indicates that the patient's medication improve his pain and "allow him to more actively engage in his activities." Physical examination reveals paresthesia in the left lower extremity with deep tendon reflexes which are decreased. The patient has some allodynia noted in the left lower extremity. The treatment plan recommends Amitiza for "narcotic induced constipation."

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza 24mcg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Amitiza and Opioid Induced Constipation Treatment, Other Medical Treatment Guideline or Medical Evidence: Drugs.com.

Decision rationale: Regarding the request for Lubiprostone (Amitiza), California MTUS guidelines and does not contain criteria for the use of this medication. ODG states that Amitiza is recommended only as a possible 2nd line treatment for opioid induced constipation. Drugs.com indicates that Amitiza is indicated for the treatment of chronic idiopathic constipation in adults, opioid-induced constipation in adults with chronic non-cancer pain, and irritable bowel syndrome with constipation (IBS-C) in women older than 18. Within the documentation available for review, there are no subjective complaints of constipation, no statement indicating how the patient has responded to treatment with Amitiza, and no indication that the patient has failed first-line treatment for opioid induced constipation. As such, the currently requested Lubiprostone (Amitiza) is not medically necessary.

Oxycontin 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79 and 120.

Decision rationale: Regarding the request for Oxycontin (oxycodone ER), California Pain Medical Treatment Guidelines state that Oxycontin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Additionally, the documentation regarding functional improvement is sparse. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Oxycontin (Oxycodone ER) is not medically necessary.

