

Case Number:	CM14-0165614		
Date Assigned:	10/10/2014	Date of Injury:	06/01/2011
Decision Date:	11/14/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/08/2014

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 Osteopathic Family Practice 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:

The patient is a 39-year-old male who sustained an industrial injury on June 1, 2011. The patient was involved in a motor vehicle accident and sustained injuries to his left shoulder, left hand, low back and right hand. He underwent left shoulder surgery on February 19, 2012. He is currently followed for shoulder pain, low back pain, and mood disorder. There is indication that the patient may be surgical candidates. However, medical clearance has not yet been obtained. The medical records reviewed indicate that the patient is on opioid medications consisting of oxycodone and MS Contin. Examination narratives dated April 3, 2014, May 1, 2014 and June 26, 2014 note that constipation is controlled with Colace and Senokot. July 24, 2014 examination notes that constipation is controlled with Colace and Senokot. It is also noted the Colace has been denied. The patient was to continue with Senokot and trial Amitiza. Colace will be appealed. The patient was seen on September 18, 2014 at which time current medications included oxycodone, Senokot, Trazodone, MS Contin 15 mg, MS Contin CR 30 mg, Voltaren gel and Amitiza. It is noted that the patient intends to appeal the denial for Colace. The request for Amitiza (Lubiprostone) 8MCG 60CT was noncertified on September 27, 2014. The prior peer reviewer noted that there was no clear detail provided as to why the patient required Amitiza for constipation as he was already being prescribed Senokot for constipation. There was no clear detail as to why the patient would require two different medications for constipation. It was further noted that Amitiza is supported as a second line treatment for opioid induced constipation, and there was no mention that this medication was being used as second line.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMITIZA (LUBIPROSTONE) 8MCG 60CT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

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 Lubiprostone (Amitiza®), Opioid-induced constipation treatment

Decision rationale: According to the ODG, Lubiprostone (Amitiza) is recommended only as a possible second-line treatment for opioid-induced constipation. The medical records do not establish that the patient has failed first line constipation treatment. Furthermore, the medical records indicate that the patient is already on Senokot and the medical necessity of two stool softeners is not supported. ODG also points out first steps to treat opioid induced constipation. Per the referenced guidelines, simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. The medical records do not establish that the patient has attempted first line treatments to address his constipation. Given these factors, the request for Amitiza (Lubiprostone) 8MCG 60CT is not medically necessary.