

Case Number:	CM14-0211457		
Date Assigned:	12/24/2014	Date of Injury:	01/03/1991
Decision Date:	02/27/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 3, 1991. In a Utilization Review Report dated November 18, 2014, the claims administrator denied a request for Amitiza. Various documents between the dates of October 8, 2014 and October 28, 2014 were referenced. The applicant's attorney subsequently appealed. In a December 29, 2014, the applicant presented with a primary complaint of chronic low back pain. The applicant's medications included Abilify, Amitiza, Lipitor, baclofen, Coreg, Effexor, chlorhexidine mouthwash, Lasix, Dilaudid, Latuda, Zestril, Nexium, oxybutynin, potassium, Aldactone, Flomax, and Xarelto. The applicant did have ancillary complaints of depression, reflux, hypertension, and dyslipidemia, it was acknowledged. The applicant was a nonsmoker. Intrathecal Dilaudid was renewed. On September 16, 2014, the applicant was asked to remain off of work "permanently."

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Amitiza 24 mcg # 60, DOS 10/8/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Amitiza Medication Guide

Decision rationale: While the MTUS does not specifically address the topic of Amitiza, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence for such usage. The Food and Drug Administration (FDA) states that Amitiza is indicated in the treatment of chronic idiopathic constipation, and/or irritable bowel syndrome with associated symptoms of constipation. Here, however, it appears that the attending provider is employing Amitiza for a non-FDA labeled purpose, namely opioid-induced constipation secondary to usage of both oral and intrathecal Dilaudid. This is not an FDA-endorsed role for usage of Amitiza. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would support such usage. Therefore, the request was not medically necessary.