

Case Number:	CM14-0211570		
Date Assigned:	12/24/2014	Date of Injury:	02/14/2003
Decision Date:	02/19/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/17/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 57-year-old female with a 2/14/03 date of injury, status post L4-S1 discectomy and fusion in April 2001, and discectomy and right sacroiliac joint fusion on 11/13/12. At the time (10/30/14) of request for authorization for Amitiza Cap 24mcg #60, BID 3-refills, there is documentation of subjective (unchanged since last visits, pain rated 4/10 with medications and 8/10 without medications) and objective (no pertinent findings) findings, current diagnoses (sacroiliac pain right, shoulder pain, spasm of muscle, radiculopathy, spinal/lumbar degenerative disc disease, and low back pain), and treatment to date (medications (including ongoing treatment with opioids), chiropractic care, aquatic therapy, lumbar epidural steroid injection, and sacroiliac joint injection). There is no documentation of a diagnosis/condition for which Amitiza (lubiprostone) is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza Cap 24mcg #60, BID 3-refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WebMD: Amitiza (lubiprostone); Food and Drug Administration (FDA)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids; initiating therapy Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20; (<http://www.drugs.com/pro/amitiza.html>).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Medical Treatment Guideline identifies documentation of a diagnosis/condition for which Amitiza (lubiprostone) is indicated (such as: for the treatment of chronic idiopathic constipation and/or opioid-induced constipation in adults) as criteria necessary to support the medical necessity of Amitiza. Within the medical information available for review, there is documentation of diagnoses of sacroiliac pain right, shoulder pain, spasm of muscle, radiculopathy, spinal/lumbar degenerative disc disease, and low back pain. However, despite documentation of ongoing treatment with opioids, there is no documentation of a diagnosis/condition for which Amitiza (lubiprostone) is indicated (opioid-induced constipation in adults). Therefore, based on guidelines and a review of the evidence, the request for Amitiza Cap 24mcg #60, BID 3-refills is not medically necessary.