

Case Number:	CM15-0013675		
Date Assigned:	02/02/2015	Date of Injury:	06/23/2010
Decision Date:	03/24/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/23/2015

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: North Carolina, Georgia
 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:

The injured worker is a 48 year old female with an industrial injury dated 06/23/2010. She presented on 01/02/2015 with complaints of neck pain and low back pain. She rates her pain as 8/10 with medication and 10/10 without medication. She had finished a trial of a spinal cord stimulator with good results. Psychiatric follow up and pain management follow ups were denied according to the provider. No prior treatments for constipation are documented with the exception for Amitiza. Diagnoses were: Failed back surgery syndrome with intractable neurogenic pain, lumbar radiculopathy, status-post left lumbar 5 foraminotomy and lumbar 4-5 laminotomy. According to documentation of the record on 03/26/2014 by internal medicine the injured worker had a diagnosis of severe constipation. On 01/22/2015 utilization denied the request for Amitiza 24 mcg # 60. MTUS and ODG were cited.

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 cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Chronic Pain

Decision rationale: CA MTUS guidelines do not address the use of medication for constipation. ODG describes the need to counsel about the possibility of constipation with opioid treatment. First line treatment includes ensuring adequate hydration, physical activity and fiber rich diet. If this fails to control constipation, second line pharmacologic therapies may be considered. In this case, there is documentation of opioid use but no specific documentation of any opioid related constipation and no discussion of any trial of first line therapy. Use of Amitiza is not medically indicated under these circumstances.