

Case Number:	CM15-0123111		
Date Assigned:	07/07/2015	Date of Injury:	12/15/1995
Decision Date:	08/04/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/25/2015

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: California
 Certification(s)/Specialty: Emergency 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 injured worker is a 60 year old male, who sustained an industrial injury on 12/15/95. The documentation noted that the injured worker managed that pain with rehab but then later on in 1996 he again hurt his left rotator cuff and ultimately in 1995 the lower back injury got worse and he had to have surgery which was done in 2006. The documentation noted on examination the injured worker has difficulty walking on toes and heels and his gait is stiff and he exhibits a lot of postural guarding. The injured worker has complaints of back pain. The diagnoses have included chronic lower back pain; lumbosacral degenerative disc disease; history of lumbosacral disc disease and failed back surgery syndrome. Treatment to date has included physical therapy; acupuncture; injections; norco and amitiza. The request was for amitiza 8mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza 8mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page 77 Page(s): 77.

Decision rationale: The requested Amitiza 8mg #30, is medically necessary. CA Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, July 18, 2009, Opioids, criteria for use, Page 77, noted in regards to opiate treatment that opiates have various side effects, that " include serious fractures, sleep apnea, hyperalgesia, immunosuppression, chronic constipation, bowel obstruction and that Prophylactic treatment of constipation should be initiated. The injured worker has chronic low back pain. The injured worker is being prescribed opiates and referenced guidelines recommend preventive use of laxatives for opiate-induced constipation. The criteria noted above having been met, Amitiza 8mg #30 is medically necessary.