

<b>Case Number:</b>	CM15-0172605		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	12/18/2007
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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

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 51 year old male, who sustained an industrial injury on December 18, 2007. On August 6, 2015 the injured worker reported continued low back pain. He did not feel a lot more pain with the reduction of Clonidine with his pump refill and Clonidine was taken out completely. His pain management is unsatisfactory and a urine drug screen on July 7, 2015 was consistent for prescribed medications. He has reported more pain. He uses a while chair. The injured worker is independent with activities of daily living and drives himself. The injured worker has been using opioid medications since at least January 8, 2014. He has been using Amitiza 8 mcg since at least May 22, 2015. The injured worker was diagnosed as having failed back surgery syndrome of the lumbar spine with low back and left lower extremity radicular pain. Treatment to date has included lumbar fusion, intrathecal pump, opioid medications, topical pain patches, and anti-depressant medications. A request for authorization for Amitiza 8 mcg #60 was received on July 30, 2015. The Utilization Review physician determined on August 26, 2015 that Amitiza 8 mcg #60 was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitiza 8mcg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The California chronic pain medical treatment guidelines section on opioid therapy states: (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated. The patient is currently on opioid therapy. The use of constipation measures is advised per the California MTUS. The requested medication is used in the treatment of constipation. Therefore the request is medically necessary.