

Case Number:	CM15-0174017		
Date Assigned:	09/15/2015	Date of Injury:	02/10/1999
Decision Date:	10/22/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/03/2015

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: Texas, New York, 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 73-year-old who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of February 10, 1999. In a Utilization Review report dated August 12, 2015, the claims administrator failed to approve a request for Amitiza. The claims administrator referenced a July 20, 2015, progress note in its determination. The applicant's attorney subsequently appealed. On July 28, 2015, the applicant reported ongoing complaints of low back, neck, and shoulder pain. The attending provider contended that the applicant's medications were needed to facilitate independent function, but did not elaborate further. The applicant was not working with permanent limitations in place, it was acknowledged. The applicant's medications included Senna, Norco, Lidoderm patches, Colace, Robaxin, and Desyrel. At the bottom of the report, Amitiza and Robaxin were both endorsed. A clear rationale for introduction of Amitiza was not seemingly furnished. The attending provider did state in another section of note that Colace and Senna were being employed to ameliorate issues with opioid-induced constipation.

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: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment.

Decision rationale: No, the request for Amitiza, a laxative agent, was not medically necessary, medically appropriate, or indicated here. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of recommendations. Here, the attending provider's July 28, 2015 progress note did not furnish a clear or compelling rationale for introduction of Amitiza, particularly when the attending provider noted that the applicant was already using two other laxative agents, Colace and Senna. There was no mention of either Colace and/or Senna having proven ineffectual as of that date. While ODG's Chronic Pain Chapter opioid-induced constipation treatment topic does acknowledge that Amitiza is a second-line treatment for opioid-induced constipation, again, the attending provider failed to outline clear or compelling evidence that the applicant had failed first line treatment with Colace and/or Senna on his July 28, 2015 progress note. Therefore, the request was not medically necessary.