

Case Number:	CM15-0178105		
Date Assigned:	09/18/2015	Date of Injury:	03/23/2006
Decision Date:	10/21/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/10/2015

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: Physical Medicine & Rehabilitation

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 54 year old female, who sustained an industrial-work injury on 3-23-06. A review of the medical records indicates that the injured worker is undergoing treatment for sciatica, trochanteric bursitis, lumbar neuritis or radiculitis, and lumbar strains and sprains. Medical records dated (3-9-15 to 6-4-15) indicate that the injured worker complains of constant tingling, aching, spasms, and nagging back pain with weakness. The pain radiates down the left side of the body and exacerbated by activity and relieved with lying down. The pain is rated 6-10 out of 10 on pain scale at its worst, on average 5 out of 10 and at best 2-5 out of 10. The injured worker also complains and reports fatigue, disturbed sleeping, night sweats, constipation, appetite changes, gas and bloating, back pain, neck pain, joint pain muscle cramps and weakness. The medical records also indicate worsening of the activities of daily living due to pain. Per the treating physician report dated 6-4-15 the injured worker has returned to work full duty. The physical exam dated (3-9-15 to 6-4-15) reveals tenderness to palpation in the gluteus medius, trigger points palpated in the gluteus maximus and gluteus medius bilaterally. The sacroiliac joint compression test is positive. The manual motor strength testing reveals left hip flexion is 4 out of 5 and right hip flexion is 4- out of 5. Treatment to date has included pain medication, Amitiza since at least 3-9-15, Flector patch since at least 3-9-15, diagnostics, consultations, back brace, yoga, and other modalities. There is no urine drug screen reports noted in the records. The request for authorization date was 8-17-15 and requested services included Amitiza 24mcg #60 with two refills and Flector 1.3% patch #30 with two refills. The original Utilization review dated 8-31-15 non-certified the request for Amitiza 24mcg #60 with

two refills as there is no rationale to explain why the injured worker requires one but two preventative agents for constipation. The request for Flector 1.3% patch #30 with two refills was non-certified as Flector patches are indicated for acute and subacute treatment of sprains and strains and the injured worker does not suffer from these conditions. There is also a lack of functional improvement with use of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza 24cg #60 with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Opioid-induced constipation treatment.

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

Decision rationale: Amitiza (lubiprostone) is a chloride channel activator for oral use indicated for treatment of irritable bowel syndrome and chronic idiopathic constipation; however, the effectiveness of Amitiza in the treatment of opioid-induced constipation in patients taking opioids has not been established in clinical studies. The patient continues to treat for chronic symptoms for this chronic injury; however, reports have no notation regarding any specific clinical findings related to GI side effects. Although chronic opioid use is not supported, Docusate Sodium (Colace) a medication that is often provided for constipation, a common side effect with opioid medications may be provided for short-term relief as long-term opioid use is supported. The patient is currently taking Colace for quite some time; however, it is not clear why Amitiza is concurrently being prescribed. The submitted documents have not adequately addressed or demonstrated the indication of necessity for this medication over other failed first trials of laxative or stool softeners. The Amitiza 24cg #60 with two refills is not medically necessary and appropriate.

Flector 1.3% patch #30 with two refills: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per Guidelines, the efficacy in clinical trials for this treatment modality has been inconsistent and no long-term studies have shown their effectiveness or safety. Flector patch (Diclofenac) is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs after consideration of increase risk profile of severe hepatic reactions including liver necrosis, jaundice, fulminant hepatitis, and liver failure (FDA, 2009),

but has not been demonstrated here. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and short duration. Topical NSAIDs are not supported beyond trial of 2 weeks as effectiveness is diminished similar to placebo effect. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety beyond 2 weeks especially for this chronic injury. There is no documented functional benefit from treatment already rendered. The Flector 1.3% patch #30 with two refills is not medically necessary and appropriate.