MAXIMUS Federal Services

Case Number:	CM15-0178209		
Date Assigned:	09/18/2015	Date of Injury:	02/14/2003
Decision Date:	10/22/2015	UR Denial Date:	08/14/2015
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: 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 57-year-old female who sustained industrial injuries on February 19, 2001. Diagnoses have included pain disorder, extremity pain, sacroiliac pain, shoulder pain, lumbar degenerative disc disease, radiculopathy, and muscle spasm. This has been treated through multiple modalities including use of opioid medication and a wheelchair for mobility. The injured worker is reported in the March 23, 2015 physician progress report to have had difficulties with bowel movements which precipitated an emergency room visit on January 15, 2015. She has been treated for constipation with Senna, Colace, and Amitiza which is stated by the physician to be managing her bowel movements. The injured worker reports that her present treatment for bowel management as being effective. The treating physician's plan of care includes a request to continue Amitiza 24 mcg. But this was denied September 9, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitza 24mcg sig; take 1 twice daily qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Lubiprostone (Amitiza).

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. However the patient is on multiple medications for constipation. The direct need for all these medications is not established in the provided medical records. Therefore the request is not medically necessary.