MAXIMUS Federal Services

Case Number:	CM15-0037617		
Date Assigned:	03/06/2015	Date of Injury:	02/24/2009
Decision Date:	04/15/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/27/2015

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: 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 45 year old female, who sustained an industrial injury on 2/24/09. She has reported low back injury after lifting a heavy box and twisting her back. The diagnoses have included chronic pain syndrome, post laminectomy syndrome, lumbar radiculoapthy, lumbar degenerative disc disease (DDD), and arthropathy of lumbar facet joint and lumbar spinal stenosis. Treatment to date has included medications, diagnostics, spinal cord stimulator, and Home Exercise Program (HEP). Surgery included lumbar spine surgery 2009 and 2010 and spinal cord stimulator 10/11/13. Currently, as per physician progress note dated 1/19/15, the injured worker complains of low back pain with radiation to hips and legs with weakness and numbness in her right leg and feet. The pain is rated 6-7/10 with medications. The Computed Tomography (CT) myelogram of the lumbar spine dated 10/2014 revealed disc bulge with impingement, stenosis, and facet hypertrophy. The electrodiagnostic /nerve conduction study dated 2/2/15 revealed abnormal studies with evidence of peripheral polyneuropathy and radiculopathy. She states that medications give her 30-40 percent pain reduction. The current medications were noted. Physical exam of the lumbar spine revealed loss of lumbar lordosis, thoracic kyphosis and poor sitting and standing posture. There were muscle spasms in the right leg with difficulty relaxing, absent right ankle reflex, decreased sensation to pinprick along the lumbar levels on the right. The straight leg test was positive on the right. Treatment was for electromyogram/nerve conduction studies, consult with spine surgeon, medications, Home Exercise Program (HEP) and follow up in 1 month. Amitza is being prescribed for constipation as a result of medications. Opioids are noted to be prescribed. On 2/4/15 Utilization Review

non-certified a request for Amitiza 8mcg #90, noting the (MTUS) Medical Treatment Utilization Schedule chronic pain guidelines page 16 was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza 8mcg #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioid-induced constipation treatment.

Decision rationale: According to the Official Disability Guidelines, opioid-induced constipation treatment is recommended. First line treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. Per ODG, if the first-line treatments do not work, there are other second-line options such as lubiprostone (Amitiza). In this case, the injured worker is being prescribed opioids and opioid induced constipation treatment is recommended. However, the medical records do not establish that first line treatment as recommended by ODG has not been effective. The request for Amitiza 8mcg #90 is not medically necessary.