

Case Number:	CM15-0069649		
Date Assigned:	04/21/2015	Date of Injury:	04/26/2002
Decision Date:	05/19/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/13/2015

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 69 year old male, who sustained an industrial injury on 04/26/2002. He has reported subsequent back pain and was diagnosed with lumbago, displacement of lumbar disc and lumbosacral spondylosis. Treatment to date has included oral pain medication including opioid medication. In a progress note dated 01/22/2015, the injured worker complained of low back pain. The physician noted that the injured worker had opiate induced constipation that was controlled with medication. Objective findings were notable for reduced range of motion of the back with pain and tenderness to palpation of the low back and right anterior thigh region. A request for authorization of Amitiza refill was made.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, 2014 and the FDA.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid-Initiating Therapy and Long-term users of Opioids, pages 77 & 88.

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 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 submitted documents have not adequately addressed or demonstrated the indication of necessity for this medication over other first failed trials of laxative or stool softeners. The Amitiza 24mcg #60 is not medically necessary and appropriate.