

Case Number:	CM15-0075712		
Date Assigned:	04/27/2015	Date of Injury:	08/30/2005
Decision Date:	05/22/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/20/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 58 year old male, who sustained an industrial/work injury on 8/30/05. He reported initial complaints of back pain. The injured worker was diagnosed as having gastro-esophageal reflux disease (GERD) lumbosacral radiculopathy, and analgesic induced constipation. Treatment to date has included medication, diet, and diagnostics. Currently, the injured worker complains of abdominal pain. Per the primary physician's progress report (PR-2) on 3/9/15, abdominal pain was better. Pain without medication was 10/10 and 6/10 with medication. Straight leg raise is positive. Current plan of care included medication. The requested treatments include Amitza 24mg, and Neurontin 600 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitza 24mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

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

Decision rationale: MTUS guidelines did not address the use of Amitiza for constipation treatment. According to ODG guidelines, Amitiza is recommended as a second line treatment for opioid induced constipation. The first line of measures are: increasing physical activity, maintaining appropriate hydration, advising the patient to follow a diet rich in fiber, using some laxatives to stimulate gastric motility, and use of some other over the counter medications. It is not clear from the patient file that the first line measurements were used. Therefore, the request for Amitiza 24mg #60 is not medically necessary.

Neurontin 600mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: According to MTUS, Neurontin has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered to be first line treatment for neuropathic pain. There is no documentation that the patient developed neuropathic pain and there is no clear rational for using Neurontin. There is no objective documentation of pain and functional improvement with previous use of Neurontin. Based on the above, the prescription of Neurontin 600mg #180 is not medically necessary.