

Case Number:	CM15-0075818		
Date Assigned:	04/27/2015	Date of Injury:	05/11/2013
Decision Date:	07/01/2015	UR Denial Date:	04/08/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old male who sustained cumulative trauma to his musculoskeletal system developing gradual musculoskeletal pain due to repetitive work. He was eventually treated with a spinal fusion at C4-5 with fair results. He currently complains of persistent neck pain; bilateral shoulder pain; low back pain with radiation to the legs with associated weakness, numbness and tingling; bilateral knee pain with grinding and catching; bilateral hand and wrist pain with numbness and tingling of the thumbs, index fingers and long fingers. Medications are not specified. Diagnoses include degenerative disc disease of cervical spine, status post fusion at C4-5 level; impingement syndrome of bilateral shoulders; carpal tunnel syndrome of bilateral wrists; thoracolumbar spine strain with disc herniation at L5-S1 level; chondromalacia of the patellae of the bilateral knees; lateral instability of bilateral ankles. Treatments to date include medications; physical therapy; lumbar transforaminal steroid injections; radiofrequency ablation of left lumbar L3-S1 facet medial branch nerves. Diagnostics include x-rays; MRIs of cervical and lumbar spines. The Utilization review and application note request for Amitza, Nexium, Citrucel and Colace but there medications are not mentioned in the progress notes available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza 8mcg #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 (ODG), Pain Chapter, Opioid-induced constipation treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG Pain Chapter, Opioid Induced Constipation Treatment Page(s): 77-78. Decision based on Non-MTUS Citation Uptodate Online, Amitiza.

Decision rationale: Regarding the request for lubiprostone (Amitiza), California MTUS guidelines and ODG do not contain criteria for the use of this medication. Drugs.com indicates that Amitiza is indicated for the treatment of chronic idiopathic constipation in adults, opioid-induced constipation in adults with chronic non-cancer pain, and irritable bowel syndrome with constipation (IBS-C) in women older than 18. Within the documentation available for review, there is documentation of not clear documentation of chronic constipation that is opiate-induced. There is no clear documentation of failure of first line agents. In fact, the notes submitted do not comment on the extent of constipation and the efficacy of constipation. The currently requested lubiprostone (Amitiza) is not medically necessary.

Nexium 40mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): 68-69.

Decision rationale: In this request, there is controversy over whether a PPI is warranted in this worker's treatment regimen. The Chronic Pain Medical Treatment Guidelines on page 68-69 states the following regarding the usage of proton pump inhibitors (PPI): Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In the case of this injured worker, there is no documentation of any of the risk factors above including age, history of multiple NSAID use, history of gastrointestinal ulcer or bleeding, or use of concomitant anticoagulants or corticosteroids. Given this, this request is not medically necessary.

Citrucel #120 with 2 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 (ODG), Pain Chapter, Opioid-induced constipation treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid induced constipation Page(s): 77-78. Decision based on Non-MTUS Citation Uptodate Online, Citrucel.

Decision rationale: With regard to this medication request, the Chronic Pain Medical Treatment Guidelines do recommend prophylactic laxative and stool softener agents for any patient on opioid therapy. Opioids are well known to cause constipation commonly as a side effect. The initiation of a fiber / bulking agent such as Citrucel might be appropriate. However, beyond the initiation phase there should be commentary on the effect of a laxative. The documentation submitted does not note the frequency of stooling or any effect of this medication. In fact, the notes submitted do not comment on the extent of constipation and the efficacy of constipation. Therefore, this request is not medically necessary.

Colace 100mg #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 (ODG), Pain Chapter, Opioid-induced constipation treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Induced Constipation Page(s): 77-78.

Decision rationale: With regard to this medication request, the Chronic Pain Medical Treatment Guidelines do recommend prophylactic laxative and stool softener agents for any patient on opioid therapy. Opioids are well known to cause constipation commonly as a side effect. The initiation of Colace would be appropriate. However, beyond the initiation phase there should be commentary on the effect of a laxative. The documentation submitted does not note the frequency of stooling or any effect of this medication. Therefore, this request is not medically necessary.