

Case Number:	CM15-0098757		
Date Assigned:	06/01/2015	Date of Injury:	08/17/2011
Decision Date:	07/07/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/21/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 32 year old female, who sustained an industrial injury on 8/17/11. The diagnoses have included right medial femoral condyle fracture status post screw fixation 8/9/11, right knee traumatic arthritis, chronic pain syndrome, post- traumatic stress disorder, night terrors, lumbar degenerative disc disease (DDD), right patellofemoral syndrome, neuropathic pain of the right leg, insomnia and opiate induced constipation. Treatment to date has included medications, psychiatric, injections, right knee surgery and physical therapy. Currently, as per the physician progress note dated 4/9/15, the injured worker complains of right knee pain with severe bone on bone arthritis, patellofemoral syndrome, right thigh pain, history of multiple fractures , right radiculopathy with radiating pain down the leg, right hip pain, pelvic dysfunction, depression, post- traumatic stress disorder and frequent nightmares. She is having worsened ability to ambulate and her gait pattern is much more disrupted due to increased pain in the hip and hip flexors. The objective findings reveal pain is rated 7/10 on pain scale, she is uncomfortable appearing, there is tenderness over the right hip and it is worsened with resisted right hip flexion. The gait is antalgic and she is able to stand from sitting position, but with difficulty and discomfort. Her affect is low and the thought process is linear and directed. The current medications included Norco, Butrans, Flector patch, Cymbalta, Trazadone, and compounded topical analgesic creams. There is no urine drug screen reports noted in the records. The physician requested treatment included Amitiza 24mcg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza 24mcg #60, Take 1 BID, with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WebMD: Amitiza (lubiprostone) FDA.com Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Amitiza.

Decision rationale: This claimant was injured back in 2011. There was a right medial femoral condyle fracture. There is report of opiate induced constipation. She has traumatic stress disorder. The past constipation treatments, and documentation of non-effectiveness of such, is not noted. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG has a brief statement regarding Amitiza: Recommended only as a possible second-line treatment for opioid-induced constipation. It is not clear that the patient failed other medicines and this is a second line usage. At present, the request for Amitiza is not medically necessary.