

Case Number:	CM13-0048641		
Date Assigned:	12/27/2013	Date of Injury:	12/09/1996
Decision Date:	11/25/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/06/2013

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey and New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57 year-old female who was injured on 12/9/96 after tripping and falling. She was diagnosed with left knee strain status post arthroscopy with type 1 complex regional pain syndrome of the bilateral lower extremities, severe neuropathic pain of her feet, dyspepsia and gastroparesis, lumbar spine sprain status post-surgery. In 3/2011, she was diagnosed with ischemic colitis. The patient has had a spinal cord stimulator placed, surgery, pain pumps, and medications such as benzodiazepine, lidocaine gel, glucosamine, muscle relaxants, opioids, Lidoderm patches, and Lyrica. She developed a pain pump infection and the device was removed. She had a lumbar laminectomy at L4-L5 with closure of cerebrospinal fluid leak on 7/30/13. She had an abdominal wall seroma drained in 8/2013. She had an epidural abscess evacuated on 10/6/13. The patient suffered from opioid-induced constipation that was being treated with Miralax. The current request is for Linzess to treat the patient's constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Linzess 290mcg g 3 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.uptodate.com Linaclotide: Drug Information.

Decision rationale: Both MTUS and ODG do not address the use of Linzess. The patient was being treated for opioid-induced constipation with Miralax, Magnesium oxide, and Fibercon. There was no documentation of the effects of these drugs on her constipation. Without knowing if these were ineffective, it is not necessary to switch to another agent. According to drug information, Linzess is indicated for IBS and idiopathic constipation, but there are no indications for opioid-induced constipation. Therefore, the request is considered not medically necessary.