

<b>Case Number:</b>	CM13-0050236		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/12/2009
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois and Texas. 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 physician 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 patient reported an injury on 07/12/2009. The patient is diagnosed as status post colonoscopy with gastropathy, chronic medication use, insomnia, lumbar disc discectomy and laminectomy, and neck sprain. The patient was seen by [REDACTED] on 04/15/2013. The patient reported persistent constipation. Physical examination was not provided. Treatment recommendations included continuation of current medications, including Linzess and Zenla

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Linzess 290mcg #360 (30 tablets per month for 1 year between 10/29/2013 and 10/29/2014):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**Decision rationale:** California MTUS Guidelines state prophylactic treatment of constipation should be initiated prior to initiation opioid therapy. Official Disability Guidelines state opioid-induced constipation treatment is recommended for specific indications. First line treatment includes increasing physical activity, maintaining appropriate hydration, and advising the patient

to follow a fiber rich diet. As per the documentation submitted, the patient has continuously utilized this medication. Although the patient indicated on 04/15/2013 that the Linzess did help, the patient also continues to report persistent constipation. Satisfactory response to treatment has not been indicated. Additionally, there was no evidence of a failure to respond to first line therapy prior to the initiation of a second line prescription medication. Based on the clinical information received, the request is non-certified.

**Omeprazole 20mg #360 (30 tablets per month for 1 year, between 10/29/2013 and 10/29/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

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

**Decision rationale:** California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a non-selective NSAID. As per the documentation submitted, there was no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no documentation of this patient's current use of NSAID medication. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.