

Case Number:	CM13-0050568		
Date Assigned:	12/27/2013	Date of Injury:	10/12/2010
Decision Date:	06/03/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/14/2013

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 Practice and is licensed to practice in Tennessee, California and Virginia. 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 36 year old female injured on 10/12/10 due to undisclosed mechanism of injury. Current diagnoses included lumbar discopathy, status post left shoulder arthroscopy with subacromial arch decompression/Mumford resection, and rotator cuff repair, status post bilateral cubital/carpal tunnel releases, and double crush syndrome. Clinical note dated 09/24/13 indicated persistent neck pain radiating to the upper extremities with numbness and tingling. There were also complaints of low back pain that was aggravated by multiple factors. The patient reported left shoulder pain had improved. Independent medical evaluation on 09/12/13 listed medications including Tramadol, Naproxen, Flexeril, Imitrex, Zofran, Prilosec, and Ciflex. Clinical note dated 10/22/13 indicated the patient reporting Lactulose had been helpful with bowel movements and had not experienced bleeding or hurting. The note also indicated the Linzess had been helping. Prescriptions for Lactulose and Linzess were provided. A diagnosis of narcotic induced constipation was assigned. The clinical note was handwritten and difficult to decipher. There were no previous complaints of constipation in the clinical documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LINZESS 290MCG FOR ONE YEAR:: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation www.rxlist.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use, Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated when chronic opioid medications are used. However, based on current guidelines, after first-line attempts at diet and activity modification have failed, use of an oral formulation of methylnaltrexone (Relistor®) or lubiprostone (Amitiza®) are suggested. The documentation does not indicate that first or second-line treatments were attempted prior to use of Linzess. Linzess is United States Federal Drug Administration approved for the treatment of Irritable Bowel Syndrome with Constipation (IBS-C) and Chronic Idiopathic Constipation (CIC). There is no indication in the documentation that the patient has previously been diagnosed with either Irritable Bowel Syndrome or Chronic Gastrointestinal Condition (IBS-C or CIC). As such, the request for Linzess 290mcg for one year is not medically necessary.