

Case Number:	CM14-0006131		
Date Assigned:	02/07/2014	Date of Injury:	08/01/2012
Decision Date:	10/13/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/15/2014

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 Orthopaedic Surgery and is licensed to practice in California. 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 30-year-old female who was injured on August 1, 2012. Mechanism of injury not specified. An upper gastrointestinal series is documented as having been performed on November 15, 2013. This study demonstrated no evidence of gastroesophageal reflux or gastric ulcers. On December 3, 2013 the injured worker is documented as having complaints of diarrhea, constipation, sharp pain in the navel area and under the right breast. A gastrointestinal consult is documented as previously having been placed in addition to the requested medications. The utilization review in question was rendered on December 19, 2013. The reviewer noncertified the requests for Dexilant and Linzess. The reviewer indicates a history is documented of dark blood per rectum and abdominal pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

DEXILANT 60 MG # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Events Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Esophagitis

Decision rationale: Symptomatic nonerrosive GERD and for erosive esophagitis. Based on the upper G.I. study that was performed, there was no evidence of GERD or gastric ulcers. Additionally, a G.I. consult has been placed. Given the specificity of this medication and a myriad of other options that are available for the treatment of GERD, this request for Dexilant is not medically necessary.

LINZESS 145 MCG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence

Decision rationale: This medication is used for the treatment of constipation and irritable bowel syndrome. Based on clinical documentation provided, the claimant has complaints of diarrhea and constipation. A diagnosis of irritable bowel syndrome has not yet been made. The diagnosis of irritable bowel syndrome is typically one that is clinical. As such, given the myriad of other medications that can be used for the treatment of constipation and in the absence of a diagnosis of irritable bowel syndrome the request for Linzess not medically necessary.