

Case Number:	CM14-0008202		
Date Assigned:	02/12/2014	Date of Injury:	03/27/2003
Decision Date:	07/23/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/22/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Tennessee. 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 patient is a 47-year-old male who has filed a claim for chronic pain syndrome and adult-onset diabetes mellitus associated with an industrial injury date of March 27, 2003. Review of progress notes indicates low back pain. Patient has blood sugars ranging from 100-150 on metformin, and improvement of abdominal pain. Findings include slow and guarded gait, and painful restricted range of motion. There is positive straight leg raise test. Patient also has tenderness of the calcaneal regions and first metatarsals bilaterally. Treatment to date has included opioids, gabapentin, Protonix, Prozac, lisinopril, metformin, physical therapy, and lumbar spinal surgery. Utilization review from January 15, 2014 denied the requests for Linzess 145mcg capsule #30 and metformin HCl 850mg #90 as diabetes and IBS are not typically covered under workers' compensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

LINZESS 145 MCG CAPSULE #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: FDA Medication Guide: Linzess (linaclotide) capsules
<http://www.fda.gov/downloads/Drugs/DrugSafety/UCM318437.pdf>.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, FDA was used instead. According to FDA, Linzess (linaclotide) is used to treat irritable bowel syndrome with constipation (IBS-C), and chronic idiopathic constipation. In this case, it is noted that the patient experiences improvement of abdominal discomfort with medications. However, there is no description of the patient's current gastrointestinal symptoms. It is unclear whether the patient has IBS-C or chronic idiopathic constipation, as the patient is also on opioid therapy. Therefore, the request for Linzess 145mcg #30 was not medically necessary.

METFORMIN HCL 850 MG #90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes chapter, Metformin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes chapter, Metformin.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, Metformin is recommended as a first-line treatment for type 2 diabetes to decrease insulin resistance. It can be used as monotherapy or in combination with other antidiabetic agents. It is effective in decreasing fasting and post-prandial glucose concentrations, and has beneficial effects on weight, lipid profile, and fibrinolysis. Patient has been on this medication since at least March 2012. Progress notes indicate that the patient's blood sugars have been under control on this medication. Continuation of this medication, with ongoing blood sugar monitoring and medication dose adjustments, is necessary in this patient for optimal blood sugar control. Therefore, the request for metformin HCl 850mg #90 was medically necessary.