

Case Number:	CM14-0152332		
Date Assigned:	09/22/2014	Date of Injury:	09/27/2001
Decision Date:	10/29/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/18/2014

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 Occupational Medicine 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:

This claimant is a 55-year-old female with a 9/27/01 date of injury. Mechanism of injury was a motor vehicle accident. The patient was most recently seen on 11/25/13 with complaints of ongoing pain in her neck, both shoulders, both wrists and hands, low back, both ankles, and feet. Exam findings revealed areas of pain and restricted range of motion in the spine. No mention is made of constipation or other gastrointestinal complaints. The medications included Norco, Morphine, Gabapentin, Xanax, Zolpidem, Colace, and Baclofen. Treatment to date includes medications, injections, physical therapy (PT), cervical spine surgery, and lumbar spine surgery. An adverse determination was received on 9/8/14 due to lack of FDA indications for using Linzess for conditions other than Irritable Bowel Syndrome accompanied by constipation. Furthermore, there was inadequate documentation regarding the chronic constipation and as to whether other first-line treatments of constipation had been tried.

IMR ISSUES, DECISIONS AND RATIONALES

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

Linzess 145 mcg, 1 a day as needed, #30 for chronic neck, low back, left leg, and left arm pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Ed. McGraw Hill, 2010, and on the Non-MTUS Physician's Desk Reference, 68th ed., www.RxList.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Linzess)

Decision rationale: The California MTUS and ODG do not specifically address this issue. The FDA regarding Linzess states that indications for usage of this medication include Irritable Bowel Syndrome with Constipation and Chronic Idiopathic Constipation. This patient has been under treatment for chronic pain subsequent to an industrial injury sustained 13 years ago. Although she has been on chronic opiate therapy, no mention was made of complaints of opiate-induced constipation. According to the FDA, Linzess is indicated for the treatment of Irritable Bowel Syndrome accompanied by constipation, and Chronic Idiopathic Constipation; however, there are no indications for its use in the treatment of chronic musculoskeletal pain. Therefore, the request for Linzess 145 mcg every day as needed #30, for chronic neck, low back, left leg, and left arm pain, is not medically necessary.