

Case Number:	CM14-0021011		
Date Assigned:	04/02/2014	Date of Injury:	02/01/2007
Decision Date:	05/27/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/26/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Arizona. 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 45-year-old female with several dates of injury documented in the records. She injured her back on 6/1/08 after falling. She carries diagnoses of asthma, chemical exposure and borderline diabetes. She also carries a diagnosis of gastrointestinal disorders including acid reflux. She has been evaluated by orthopedists regarding the back pain and ophthalmologists regarding conjunctivitis. She is on several medications for gastrointestinal disorder which has been diagnosed as gastro esophageal reflux disease, gastropathy secondary to medication and irritable bowel syndrome. For these conditions she has been on medications including dexilant, Zantac and linzess. A medical review on 12/10/13 approved Dexilant and Zantac but denied Linzess. According to the reviewer, there is no discussion regarding the irritable bowel syndrome for which this medication is indicated. With medication use, acid reflux seems to be partially better. However clinical response to Linzess is not fully documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

LINZESS 290 MCG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 23; 27.

Decision rationale: Linzess is approved for constipation associated with irritable bowel syndrome (IBS) or chronic idiopathic constipation. This record is quite lengthy and most of the progress notes are handwritten and not clearly legible. Clear indication for this medicine regarding IBS and constipation is not fully documented. Unless adequate documentation becomes available, it is difficult to recommend continuation of this medication.