

<b>Case Number:</b>	CM14-0033565		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	03/13/2001
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 Geriatrics, and is licensed to practice in New York. 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 55 year old woman with a date of injury of 3/13/01. She has a history of chronic pain syndrome with associated conditions including gastritis, irritable bowel, bruxism, major depression with intermittent suicidal ideation, cervical post-laminectomy syndrome, right knee internal derangement, upper extremity entrapment neuropathy, osteoporosis and severe obstructive sleep apnea. She was seen by her primary treating physician on 2/4/14 with complaints of abdominal pain with nausea and vomiting and increased stress with decreased appetite. Her blood pressure was 110/61 and her abdomen was soft and the rest of the exam is illegible. Her diagnoses for this visit were gastropathy secondary to anti-inflammatory medications and IBS. At issue is the prescription of several medications for her abdominal issues.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DEXILANT DR 60MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** This worker has chronic pain and associated gastrointestinal symptoms. Dexlansoprazole is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the MTUS Chronic Pain Guidelines, this would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that she is at high risk of gastrointestinal events to justify medical necessity of Dexilant. The request is not medically necessary and appropriate.

**LINZESS 290MCG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com, Uptodate: linaclotide drug information and Treatment of irritable bowel syndrome in adults

**Decision rationale:** Linaclotide is used in the treatment of chronic idiopathic constipation and irritable bowel syndrome with constipation. In this injured worker, the records do not detail the diagnosis of irritable bowel syndrome or what has been trialed in the past. Lifestyle and dietary modification and a trial of psyllium is recommended as initial management with pharmacologic treatment reserved for those who fail conservative management. The records do not justify the medical necessity of linaclotide. The request is not medically necessary and appropriate.

**ZOFRAN #10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com, Ondansetron: Drug Information

**Decision rationale:** This worker has chronic pain and associated symptoms. Ondansetron is indicated for prevention of nausea and vomiting associated with chemotherapy, radiotherapy and prevention of post-operative nausea and vomiting. In the case of this injured worker, it is being prescribed to counter the potential side effects of nausea of other medications. The records do not document the medical necessity for ondansetron. The request is not medically necessary and appropriate.