

Case Number:	CM14-0056824		
Date Assigned:	07/09/2014	Date of Injury:	06/05/2003
Decision Date:	08/15/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/28/2014

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:

The patient is a male with date of injury 06/05/2003. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/25/2014, list subjective complaints as chronic pain throughout the back. Objective findings include physical examination revealed muscular pain in the upper and lower extremities. No loss of muscle strength was reported. Diagnosis includes lumbosacral spondylosis without myelopathy; chronic pain syndrome; morbid obesity; and lumbosacral neuritis. The medical records supplied for review do not discuss the patient having symptomatic irritable bowel syndrome. Medications include Linzess 290mcg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Linzess 290mcg #30 03.26.2014: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Linzess (Linaclotide) capsules Full Prescribing Information Forest Pharmaceuticals, Inc. Subsidiary of Forest Laboratories, Inc. St. Louis, Missouri, 63045.

Decision rationale: Linzess is a guanylate cyclase -C agonist indicated in adults for treatment of irritable bowel syndrome with constipation or chronic idiopathic constipation. It is not a laxative, but is a peptide agonist of guanylate cyclase 2C. Idiopathic constipation is, by definition, constipation from an unknown cause. Constipation due to the chronic use of opioids is not an indication for the use of Linzess. There is no documentation that the patient has irritable bowel syndrome with constipation. Linzess is not medically necessary.