

Case Number:	CM14-0060888		
Date Assigned:	07/09/2014	Date of Injury:	03/02/2002
Decision Date:	09/10/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/01/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 49 year old male was reportedly injured on March 2, 2002. The mechanism of injury was noted as lifting a scrubber to make an adjustment injuring his lower back. The most recent progress note dated March 24, 2014, indicated that there were ongoing complaints of rectal bleeding and occasional rectal pain. A notation was made that the patient has used Anusol suppositories, which do not work. The physical examination demonstrated active bowel sounds with no hepatosplenomegaly. Diagnostic imaging studies include a colonoscopy two years ago was noted. Prior treatment referenced included rectal hemorrhoid treatment, MiraLAX, and Enemeez. A request was made for Linzess 145 micrograms and was not certified in the preauthorization process on April 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Linzess 145mcg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Work Loss Data Institute, LLC; Section: Pain (Chronic)(updated 03/27/2014).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page 77 of 127 Page(s): 77 of 127.

Decision rationale: Linzess is a prescription medication used in adults to treat irritable bowel syndrome and chronic idiopathic constipation. It is a class of medication referred to as aguanilate cyclase-C agonist. This medication is not supported by the California Medical Treatment Utilization Schedule (MTUS) or Official Disability Guidelines (ODG) guidelines. Furthermore, the record does not indicate either of the diagnoses for which this medication is used. There are multiple medications available for the treatment of chronic constipation with evidence based efficacy that is supported by all of the guidelines. There is no indication in the records noting the reason that this medication has been prescribed over first line medications. In the absence of sufficient clinical documentation to substantiate the use of this medication, this request is not medically necessary.