

Case Number:	CM14-0081781		
Date Assigned:	07/18/2014	Date of Injury:	08/30/2006
Decision Date:	09/19/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/03/2014

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 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 injured worker is a 58-year-old female who reported an injury on 08/30/2006 due to an unspecified mechanism of injury. The injured worker had a history of neck and lower back pain with numbness to the right hand. The diagnoses included degenerative disc disease of the cervical and lumbar spine, chronic pain, bilateral knee chondromalacia patella, and degenerative joint disease. The past surgical procedures included a right shoulder adhesive capsulitis and status post partial right rotator cuff. The medications included Vicodin 5/500 mg, ibuprofen 800 mg, Lidoderm patch, Xanax, and Linzess. The injured worker rated her pain at 4/10 to 5/10 using the VAS. The past treatments included 20 visits of chiropractic treatment, 24 visits of acupuncture, and 20 visits of physical therapy. The objective findings dated 06/09/2014 revealed decreased range of motion to the cervical spine, all planes, and tenderness to palpation bilateral upper trapezius regions. There is decreased sensation at the C5-8 dermatomes. The lumbar spine revealed tenderness to palpation at the right lower lumbar paraspinous region. The range of motion was limited by pain. There is decreased sensation at the "L-S1" dermatomes. The request for authorization dated 07/18/2014 was submitted with the documentation. The rationale for the Linzess was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Linzess 290mcg(Quantity unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines : Pain(Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Opioids, criteria for use Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Constipation.

Decision rationale: The request for the Linzess 290mcg(Quantity unknown) is not medically necessary. The California MTUS indicates that prophylactic treatment of constipation should be initiated. The Official Disability Guidelines recommend first-line treatment when prescribing an opioid, and especially if it will be needed for more than a few days, there should be an open discussion with the patient that this medication may be constipating, and the first steps should be identified to correct this. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. The 08/14/2014 clinical noted indicated that the injured worker had a diagnosis of constipation and that the Linzess helped; however, the documentation did not indicate the frequency, intensity, or progression of any symptoms of constipation. The documentation was not evident of failure of first line medications and treatment. The request did not indicate the frequency or the duration. As such, the request is not medically necessary.