

<b>Case Number:</b>	CM14-0086062		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/03/2010
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 & Rehabilitation, and is licensed to practice in Illinois. 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 39-year-old male, who reported an injury on 02/03/2010 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included medications and radiofrequency ablation. The injured worker was evaluated on 05/02/2014. It was documented that the injured worker had 7/10 pain that was nonresponsive to previous radiofrequency ablation. The injured worker's medications included Prilosec 20 mg, Percocet 10/325 mg, OxyContin 800 mg, and Imitrex 50 mg. Physical findings included tenderness to palpation of the paravertebral musculature bilaterally with decreased range of motion secondary to pain. The injured worker's diagnoses included neck pain, depression, status post L5-S1 total disc arthroplasty in 05/2012, chronic back pain, L5-S1 annular tear, and L5-S1 disc degeneration. The injured worker's treatment plan included initiation of the use of Linzess to address ongoing complaints of constipation. Request for Authorization form was submitted on 05/02/2014 to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Liness 290 mcg Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.rxlist.com/linzess-drug/indications-dosage.htm>.

**Decision rationale:** The requested Linzess 290 mcg quantity 30 is not medically necessary or appropriate. The request states Liness; however, this is a typographical error. The requested medication is Linzess. An online resource Rxlist.com (an internet drug index) indicates that the requested medication is for treatment of irritable bowel syndrome with chronic constipation. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's gastrointestinal system to support that the injured worker has significant complaints of chronic constipation that would benefit from the use of this medication. Furthermore, the request as it is submitted does not clearly identify the frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Linzess 290 mcg quantity 30 is not medically necessary.