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| Case Number: | CM14-0170225 | | |
| Date Assigned: | 10/20/2014 | Date of Injury: | 08/30/2013 |
| Decision Date: | 04/15/2015 | UR Denial Date: | 10/07/2014 |
| Priority: | Standard | Application Received: | 10/15/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 37 year old male, who sustained an industrial injury on 8/30/2013. He reported immediate low back pain after lifting a heavy object. The injured worker was diagnosed as having lumbar strain/sprain. Treatment to date has included conservative measures, including diagnostics, injections (unspecified), physical therapy, acupuncture, and medications. On 9/23/2014, the injured worker complained of low back pain, with radiation down both legs into the feet, accompanied by numbness. Current medications included Gabapentin, Tramadol, Naproxen, and Norco. He reported constipation due to pain medication. His abdomen was non-tender with positive bowel sounds in all quadrants. Previous computerized tomography and magnetic resonance imaging of the lumbar spine were referenced as unremarkable. The treatment plan included a trial of Linzess.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Linzess 145.ugm QD to QOD PRN, quantity #50, number of refills unspecified, for the symptoms related to lumbar region as an outpatient: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Stool Softeners Page(s): 77.

Decision rationale: I respectfully disagree with the UR physician. Linzess is a stool softener. The California MTUS guidelines recommend prophylactic treatment of constipation when starting opioid therapy with use of a stool softener. The attached medical record does indicate that the injured employee is prescribed opioid medications and has complaints of constipation. As such, this request for Linzess is medically necessary.