

Case Number:	CM14-0206478		
Date Assigned:	12/18/2014	Date of Injury:	01/03/2006
Decision Date:	02/09/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/10/2014

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 Rehab, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 01/03/06. He was seen on 04/23/14. He was having right wrist and elbow pain with mild right elbow tingling. Physical examination findings included mild right medial and lateral epicondyle tenderness and positive Tinel test at the elbow. He had decreased right grip strength. On 10/21/14 he was seen for psychiatric follow-up., He was being treated for ongoing symptoms of depression, anxiety, and stress. He was taking medications without side effects. Medications included temazepam, fluoxetine, BuSpar, and Linzess. On 10/22/14 he was having ongoing right wrist pain and right fifth finger pain. Physical examination findings included bilateral wrist tenderness with decreased grip strength and decreased hand sensation. Topical treatment was continued and he was to continue psychiatric treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Linzess 14mg x1 qd #30 with 2 refills: 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 Official Disability Guidelines (ODG) Pain (Chronic),

Opioid-induced constipation treatment; Other Medical Treatment Guideline or Medical Evidence: Linzess Prescribing Information

Decision rationale: The claimant is more than 8 years status post work-related injury and continues to be treated for chronic right wrist and hand pain and for ongoing symptoms of depression, anxiety, and stress. Medications include Temazepam, Fluoxetine, Buspar, and Linzess. According to the guidelines, Linzess is used in adults to treat irritable bowel syndrome with constipation and chronic idiopathic constipation. In this case, the claimant does not have either of these conditions. Guidelines also recommend treatment of opioid-induced constipation. However, the claimant is not taking an opioid medication. Therefore, Linzess is not medically necessary.