

Case Number:	CM15-0133565		
Date Assigned:	07/21/2015	Date of Injury:	07/19/2012
Decision Date:	09/02/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/10/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old female who sustained an industrial injury on 7.19.12. The mechanism of injury was unclear. Per Utilization Review there was documentation submitted referencing a continuous trauma injury from 7.19.11 to 7.19.12. She currently complains of neck pain radiating down bilateral upper extremities with numbness, left greater than right; upper extremity pain bilaterally in the forearms and hands; lower extremity pain bilaterally in the knees; ongoing frontal, occipital migraine headaches. Her pain level was 6 out of 10 with medications and 8 out of ten without medications. On physical exam of the cervical spine there was tenderness on palpation, decreased range of motion; upper extremities tenderness on palpation at the right wrist with decreased range of motion. She has limitations with activities of daily living regarding self-care and hygiene, activity, sleep due to pain over the last month. Medications were dexilant, Gaviscon, Carafate, Linzess, Sentra, Mobic, Norco, Robaxin, cyclobenzaprine, Topamax. Diagnoses include reflux; constipation; sleep disorder; chronic pain; cervical facet arthropathy; cervical radiculopathy; headaches; cervicgia; migraine; status post right carpal tunnel release (6.28.13). Treatments to date include cervical epidural steroid injection bilateral C4-6 (5.30.14) with 80% improvement, her quality of life has improved, improved function, decrease of pain medication, improved mobility; acupuncture with benefit, 80% improvement; physical therapy with benefit; home exercise program. Diagnostics include multipositional MRI of the cervical spine (10.1.12) showing disc desiccation, disc protrusion, restrolisthesis grade 1; electromyography/ nerve conduction study (8.17.12) showing abnormal nerve conduction study suggesting mild bilateral carpal tunnel syndrome and normal

electromyography. In the progress note dated 4.9.15 the treating provider's plan of care includes requests for Linzess 145 mcg #30; Sentra AM #60; Sentra PM # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Linzess 145mcg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

Decision rationale: The patient presents with acid reflux, secondary to NSAIDs, constipation, sleep disorder, and pain affecting the right hand. The current request is for Linzess 145mcg #30. The treating physician states in the report dated 4/9/15, Medications/Supplies: Linzess #30, 145mcg daily. (32B) Linzess (linaclotide) is a prescription medication used in adults to treat irritable bowel syndrome with constipation and chronic idiopathic constipation (CIC). The patient is not currently on any NSAIDs or opiate medications. The MTUS Guidelines state, Prophylactic treatment of constipation should be initiated. While the MTUS guidelines support medications for constipation due to opioid usage, in this case, the treating physician has not documented that the patient has been prescribed any opioid medication. The current request is not medically necessary.

Sentra Am #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Sentra & ODG Medical Foods.

Decision rationale: The patient presents with pain affecting the acid reflux, secondary to NSAIDs, constipation, sleep disorder, and pain affecting the right hand. The current request is for Sentra Am #60. The treating physician states in the report dated 4/9/15, Medications/Supplies: Sentra AM #60, one bottle. (32B) The ODG Guidelines state, not recommended for chronic pain. In this case, the treating physician has requested a medication that is not supported by the ODG guidelines. The current request is not medically necessary.

Sentra Pm #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Sentra PM.

Decision rationale: The patient presents with pain affecting the acid reflux, secondary to NSAIDs, constipation, sleep disorder, and pain affecting the right hand. The current request is for Sentra Pm #30. The treating physician states in the report dated 4/9/15, Medications/Supplies: Sentra PM, one bottle. (32B) The ODG Guidelines state, not recommended. Sentra PM is a medical food from [REDACTED], intended for use in management of sleep disorders associated with depression. In this case, the treating physician has requested a medication that is not supported by the ODG guidelines. The current request is not medically necessary.