MAXIMUS Federal Services

Case Number:	CM15-0183201		
Date Assigned:	09/24/2015	Date of Injury:	03/19/2005
Decision Date:	11/03/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/17/2015

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
Certification(s)/Specialty: Internal Medicine

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 56 year old female who sustained an industrial injury on 03-19-2005. Current diagnoses include abdominal pain, acid reflux, and constipation-diarrhea. Report dated 06-17-2015 noted that the injured worker presented for follow up, with improvement in abdominal pain, acid reflux, and complaints of diarrhea-constipation, and reported vomiting. Pain level was not included. Physical examination performed on 06-17-2015 revealed +2 peri-umbilical pain. Previous treatments included medications, psychiatric-psychological evaluation and treatment. The treatment plan included recommendations for a CT of the abdomen with IV contrast, prescribed Prilosec, Gaviscon, Carafate, probiotics, and Linzess, advised to follow a low fat and low acid diet, and follow up in 4 weeks. The injured worker has been prescribed Linzess since at least 04-01-2015. The utilization review dated 08-17-2015, non-certified the request for a CT scan of the abdomen and Linzess.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT (computed tomography) scan of abdomen: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL [www.radiologyinfo.org/en/info.cfm?pg=abdominct#part_two].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology On line version, Amended 2014 ACR-SPR Practice Parameter For The Performance Of Computed Tomography (CT) Of The Abdomen And Computed Tomograpthy (CT) Of The Pelvis.

Decision rationale: Both ODG and MTUS are silent on this issue. Based on the American College of Radiology, indications for abdominal CT or pelvic CT examinations include, but are not limited to: 1. Evaluation of abdominal, flank, or pelvic pain, including evaluation of suspected or known urinary calculi [1-3] and appendicitis [4-6]. 2. Evaluation of renal and adrenal masses and of urinary tract abnormalities with CT urography [7-10]. 3. Evaluation of known or suspected abdominal or pelvic masses or fluid collections, includinggynecological masses [11-13]. 4. Evaluation of primary or metastatic malignancies, including lesion characterization, e.g., focal liver lesion[14-17]. 5. Evaluation of diffuse liver disease (e.g., steatosis, iron deposition disease, cirrhosis [18-19]) and biliary system, including CT cholangiography [20]. 6. Assessment for recurrence of tumors following surgical resection [21-22]. 7. Detection of complications following abdominal and pelvic surgery, e.g., abscess, lymphocele, radiation change, and fistula/sinus tract formation [23-26]. 8. Evaluation of abdominal or pelvic inflammatory processes, including inflammatory bowel disease,infectious bowel disease and its complications, without or with CT enterography [27-29]. 9. Assessment of abnormalities of abdominal or pelvic vascular structures [30-32]. 10. Evaluation of abdominal or pelvic trauma [33-36]. 11. Clarification of findings from other imaging studies or laboratory abnormalities. 12. Evaluation of known or suspected congenital abnormalities of abdominal or pelvic organs [37-38]. 13. Evaluation for small bowel or large bowel obstruction [39-40]. 14. Screening for colonic polyps and cancers with CT colonography [41-42]. 15. Guidance for interventional or therapeutic procedures within the abdomen or pelvis [43-45]. 16. Treatment planning for radiation and chemotherapy and evaluation of tumor response to treatment, including perfusion studies [46-50]. 17. Pre- and post-transplant assessment [51-52]. 18. Noninvasive angiography of the aorta and its branches and noninvasive venography [53-54]. In this case, the patient continues to suffer from abdominal pain and work up so far has been unremarkable At this point, a CT (computed tomography) scan of abdomen is indicated and medically necessary.

Linzess 145 mcg Qty 30, daily: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL [www.pdr.net/drug-summary/linzess?druglabelid=2588].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation WebMD: On-Line VersionDrugs and Medications: Linzess.

Decision rationale: Both ODG and MTUS are silent on this topic. Linaclotide is used to treat certain types of bowel problems (irritable bowel syndrome with constipation, chronic idiopathic constipation). It works by increasing fluid in your intestines and helping speed up movement of food through the gut. Linaclotide may improve stool texture and lessen symptoms such as bloating, abdominal pain/discomfort, straining, and feelings of incomplete bowel movements. In this case, the patient suffers from constipation, but has not been diagnosed with either irritable bowel syndrome with constipation, or chronic idiopathic constipation. Therefore based on the evidence in this case, and review of the literature, the request for Linzess 145 mcg daily #30 is not medically necessary.