

Case Number:	CM15-0188108		
Date Assigned:	09/30/2015	Date of Injury:	05/26/2005
Decision Date:	11/10/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/24/2015

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: Arizona, Texas

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 49 year old female, who sustained an industrial injury on 5-26-05. The injured worker is being treated for thoracic-lumbosacral radiculitis, other symptoms referable to back, degenerative lumbar-lumbosacral intervertebral disc, spasm of muscle and lumbago. Treatment to date has included oral medications including Nuvigil, Neurontin, Soma, Zanaflex, Senokot, Nucynta, Ambien, Celebrex, Viibryd, Methadone, Norco, Linzess 145ugm and Phentermine 37.5mg, cervical disc fusion, anterior lumbar fusion and activity modifications. On 7-16-15, the injured worker reports no major change in low back and bilateral leg pain since last visit 5-21-15 (on 5-21-15 it was stated no change since previous visit of 3-10-15 which is not submitted for review) and she states she is doing well on current medications and able to function with current regimen. Average pain, mood and functional level since last visit are 5 out of 10. She complains of poor sleep quality due to pain. Employment status is noted to be full time student. Physical exam performed on 5-21-15 (no exam was performed on 7-16-15) revealed ongoing symptoms of low back pain with radiation to legs and no neurological deficits were noted. On 9-21-15 a request for Linzess 145ugm #15 and Phentermine 37.5mg #30 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Linzess 145ugm #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com, Linzess (Linaclotide).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.com, Drug information, Linzess.

Decision rationale: The MTUS is silent regarding the use of Linzess for chronic pain. According to Uptodate.com, Linzess is used for cases of IBS with constipation and in cases of idiopathic constipation. According to the documentation, the patient has constipation associated with opioid use. They are using senokot for constipation. The documentation does not support that the patient has IBS or idiopathic constipation that requires alternative medications besides senokot. The continued use of Linzess is not medically necessary.

Phentermine 37.5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult, Phentermine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.com, Drug use, phentermine.

Decision rationale: The MTUS is silent regarding the use of Phentermine for chronic pain. According to Uptodate.com, Phentermine is used for short-term (few weeks) adjunct therapy in obese patients with an initial body mass index (BMI) 30 kg/m² or 27 kg/m² in the presence of other risk factors (e.g., diabetes, hyperlipidemia, controlled hypertension); therapy should be used in conjunction with a comprehensive weight management program. In this case the documentation doesn't support the patient has medical complications due to obesity with a BMI >30 or that they are involved in a comprehensive weight management program. The continued use is not medically necessary.