MAXIMUS Federal Services

Case Number:	CM15-0205893		
Date Assigned:	10/22/2015	Date of Injury:	05/26/2009
Decision Date:	12/08/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/20/2015

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: Iowa, Illinois, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 61 year old male, who sustained an industrial injury on 05-26-2009. A review of the medical records indicates that the worker is undergoing treatment for lumbar spinal stenosis, thoracic-lumbar neuritis-radiculitis, herniated nucleus pulposus and lumbosacral spondylosis. Subjective complaints (07-31-2015 and 09-24-2015) included headache, neck and low back pain that were rated as 5-6 out of 10 at best and 9 out of 10 at worst. Pain was noted to be decreased by medication and that without medication he would be unable to chair or bed bound. The injured worker was actively taking opioid medications including Fentanyl and Oxycodone. During the 07-31-2015 office visit, the physician noted that the injured worker had received Linzess from his cardiologist to try samples for his opiate induced constipation and found it helpful. No abnormal objective examination findings were documented during the 07-31-2015 and 09-24-2015 office visits. Treatment has included Fentanyl patch and Oxycodone. Refills for medications including Linzess were requested. Although Linzess was noted as be prescribed for opiate induced constipation, there were no gastrointestinal complaints documented and there was no specification as to the severity and frequency of the injured worker's gastrointestinal issues and any other measures attempted to treat these issues. A utilization review dated 10-02-2015 non-certified a request for Linzess 145 mg daily #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Linzess 145mg daily #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid-induced constipation treatment and Other Medical Treatment Guidelines https://online.epocrates.com/drugs/6524/Linzess: Linzess (linaclotide).

Decision rationale: MTUS states, "Prophylactic treatment of constipation should be initiated." ODG states that first line treatment should include "physical activity, appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber" and "some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool." Epocrates monograph: Adult Dosing. Dosage forms: 145,290 mcg. IBS, constipation-predominant: [290 mcg PO qd] Info: give >30min before 1st meal. Chronic idiopathic constipation: [145 mcg PO qd] Info: give >30min before 1st meal. The medical documentation provided does not indicate subjective complaints of constipation. Additionally, no quantitative or qualitative description of bowel movement frequency/difficulty was provided either pre or post "constipation treatment education" by the physician, which is important to understand if a trial and failure of first line constipation treatment occurred. In addition, the patient's opioid medications have been non-certified. As such the request for Linzess 145mg daily #30 is not medically necessary.