

<b>Case Number:</b>	CM15-0035172		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	01/13/2009
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 60-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome and gastroesophageal reflux disease (GERD) reportedly associated with an industrial injury of January 13, 2009. In a Utilization Review Report dated February 2, 2015, the claims administrator failed to approve a request for a urine drug screen, probiotics, and Linzess. The claims administrator referenced progress notes of January 7, 2015 and October 1, 2014 in its determination. The applicant's attorney subsequently appealed. On January 7, 2015, the applicant underwent drug testing which included confirmatory and quantitative testing of multiple different drug classes. Nonstandard drug testing for approximately 7 to 10 different opioids and benzodiazepine metabolites apiece was performed. In a progress note dated January 7, 2015, the applicant was given prescriptions for probiotics and Linzess. The applicant did have issues with abdominal pain and reflux. There was no mention made of the applicant's having any issues with constipation, it was incidentally noted. No dietary recommendations were made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Pain (Chronic) Urine drug testing (UDT).

**Decision rationale:** No, the urine toxicology screen was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the Request for Authorization for testing, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing, and eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context. Here, however, the requesting provider did not clearly state what drug tests and/or drug panels he intended to test for. Here, the attending provider did not, however, seemingly conform to the best practices of the United States Department of Transportation. Nonstandard drug testing including testing of multiple different opioid and benzodiazepine classes was performed. Confirmatory and quantitative testing was performed, despite the unfavorable ODG position on the same. The attending provider did not attach the applicant's complete medication list to the Request for Authorization for testing, nor did the attending provider identify when the applicant was last tested. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

**Probiotics #60 with 2 refills, prescribed on 1/7/15:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/digestive-disorders/features/what-are-probiotics>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 Chronic Pain, General Principles of Treatment, Medications, Alternative Treatments Recommendation: Complementary or Alternative Treatments, Dietary Supplements, etc., for Chronic Pain Complementary and alternative treatments, or dietary supplements, etc., are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. Strength of Evidence Not Recommended, Insufficient Evidence (I).

**Decision rationale:** Similarly, the request for probiotics, a dietary supplement, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that dietary supplements such as probiotics are not recommended in the chronic pain context present here as they have not been demonstrated to have produced any meaningful benefits in the treatment of

the same. The attending provider did not furnish any clear or compelling applicant-specific rationale or medical evidence so as to offset the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.

**Linzess 145mcg #30 with 2 refills, prescribed on 1/7/15: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/linzess.html>.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration, INDICATIONS AND USAGE, LINZESS is a guanylate cyclase-C agonist indicated in adults for treatment of: Irritable bowel syndrome with constipation (IBS-C) (1.1)- Chronic idiopathic constipation (CIC).

**Decision rationale:** Finally, the request for Linzess, a laxative agent, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of Linzess, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes have a responsibility to be well informed regarding usage of the same and should, furthermore, furnish a compelling evidence to support such usage. The Food and Drug Administration, however, notes that Linzess is indicated in the treatment of chronic idiopathic constipation and/or constipation associated with irritable bowel syndrome. Here, there was no mention of the applicant's having any symptoms of constipation on or around the January 7, 2015 office visit on which Linzess was prescribed. No clear or compelling applicant-specific rationale accompanied the Request for Authorization. It was not clearly stated why Linzess was being prescribed if the applicant did not in fact have any symptoms of constipation. There was no mention of the applicant's carrying a diagnosis of either chronic idiopathic constipation or constipation associated with irritable bowel syndrome on or around the date in question, January 7, 2015. The MTUS Guideline in ACOEM Chapter 3, page 47 notes that an attending provider should discuss the efficacy of the medication for the particular condition for which it is being prescribed. Here, quite clearly, no such discussion transpired here. Therefore, the request was not medically necessary.