

Case Number:	CM15-0043565		
Date Assigned:	03/13/2015	Date of Injury:	08/17/2006
Decision Date:	04/23/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/09/2015

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 48 year old male who sustained an industrial injury on 8/17/06. The injured worker reported symptoms in the back and anxiety. The injured worker was diagnosed as having chronic intractable pain, status post intrathecal pump implantation, failed back syndrome with continued severe lumbar pain and lumbar radiculopathy, chronic oral medication management, and depressive disorder not otherwise specified with anxiety. Treatments to date have included psychological evaluation, intrathecal pump insertion, oral anti-depressants and oral pain medications. Currently, the injured worker complains of symptoms of depression and anxiety. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Linzess 145mg 1 tablet daily #30 (DOS: 1/20/15): 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Linzess Linaclotide - http://pi.actavis.com/data_stream.asp?product_group=1904&p=pi&language=E.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Linzess (Linaclotide). FDA Prescribing Information indicates that Linzess (Linaclotide) is a guanylate cyclase-C agonist indicated in adults for treatment of irritable bowel syndrome with constipation (IBS-C) and chronic idiopathic constipation (CIC). The medical records submitted for review do not document the diagnosis of irritable bowel syndrome with constipation (IBS-C) and chronic idiopathic constipation (CIC). Without the documented diagnosis of irritable bowel syndrome with constipation (IBS-C) and chronic idiopathic constipation (CIC), the request for Linzess is not supported by FDA guidelines. Therefore, the request for Linzess is not medically necessary.