

<b>Case Number:</b>	CM15-0044017		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	02/07/2005
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 44 year old male, who sustained an industrial injury on February 7, 2005. The injured worker had reported a back and right knee injury. The diagnoses have included chronic pain syndrome, lumbosacral degenerative disc disease, chronic right knee pain secondary to osteoarthritis, back pain, severe neuropathic pain, anxiety and depression related to the chronic pain. Treatment to date has included medications, radiological studies, three right knee surgeries and behavioral medicine evaluations. Current documentation dated December 15, 2014 notes that the injured worker complained of persistent low back pain and intractable right knee pain. Examination of the lumbar spine revealed pain and a limited range of motion. Examination of the right knee revealed tenderness to palpation of the medial and lateral joint lines. The treating physician's recommended plan of care included a prescription for Linzess capsules 145 mcg # 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Linzess Cap 145mcg, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation ODG Pain section, Opioid-induced constipation treatment.

**Decision rationale:** The MTUS Chronic Pain Guidelines discuss very little about medication use for constipation besides the recommendation to consider treating constipation when initiating opioids. The ODG states that first line therapy for constipation related to opioid use should begin with physical activity, staying hydrated by drinking enough water, and eating a proper diet rich in fiber. Other food-based supplements such as eating prunes (or drinking prune juice) or fiber supplements may be attempted secondarily. If these strategies have been exhausted and the patient still has constipation, then using laxatives as needed may be considered. In the case of this worker, it was unclear from the documentation provided for review as to the reason for the Linzess prescription, which is indicated for chronic constipation or irritable bowel syndrome (IBS). The worker did use opioids chronically and was dependent on them, however, there was no report found suggesting any symptoms related to constipation or IBS. If it was used for constipation, then there was insufficient evidence to support the worker tried first line methods to help. Therefore, the Linzess will be considered medically unnecessary.