MAXIMUS Federal Services

Case Number:	CM15-0048567		
Date Assigned:	03/20/2015	Date of Injury:	09/07/2000
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/13/2015

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, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 44 year old male, who sustained an industrial injury on 09/07/2000. He reported multiple fractures after a forklift rolled over on him. The injured worker is currently diagnosed as having intervertebral thoracic disc disorder with myelopathy, intervertebral lumbar disc disorder with myelopathy, back disorder, lumbar sprain/strain, and gastritis. Treatment to date has included multiple surgeries, crutches, and medications. In a progress note dated 12/30/2014, the injured worker presented with complaints of low back pain, gastrointestinal symptoms, and shoulder pain. The treating physician reported prescribing Ondansetron as needed for nausea. According to a progress report dated 10/07/2014, the physician started a trial of Linzess for constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Linzess 290mcg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Linaclotide (Linzess) Medscape. http://emedicine.medscape.com/article/180389-medication#showall.

Decision rationale: According to Medscape, Linzess is a "GC-C agonist; activation of GC-C receptors in the intestinal neurons leads to increased cyclic guanosine monophosphate (cGMP), anion secretion, fluid secretion, and intestinal transit; it appears to work topically rather than systemically; when administered PO, linaclotide activates chloride channels in intestinal epithelial cells to increase intestinal fluid secretion; indicated to treat chronic idiopathic constipation and for IBS-C in adults". There is no documentation that the patient developed IBS or chronic constipation and the request for Linzess is not clear. Therefore, the request for Linzess is not medically necessary.

Ondansetron HCL 8mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: Ondansetron is an antiemetic drug following the use of chemotherapy. Although MTUS guidelines are silent regarding the use of Ondansetron, there is no documentation in the patient's chart regarding improvement of symptoms from previous use of the medication. Therefore, the prescription of Ondansetron HCL 8mg #60 is not medically necessary.