

Case Number:	CM15-0051536		
Date Assigned:	03/25/2015	Date of Injury:	07/01/1993
Decision Date:	05/13/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/18/2015

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: Physical Medicine & Rehabilitation

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 55-year-old female with a reported date of injury on 07/01/1993. The mechanism of injury is not provided for review. The injured worker is currently being treated for abdominal pain, acid reflux and constipation/diarrhea. Treatments to date include medication. A progress note dated 12/23/2014, noted the injured worker was being seen for worsening abdominal pain, acid reflux and constipation. On physical examination it was noted the injured worker had 2+ periumbilical pain. The injured worker was given Linzess (290 mcg daily) and advised to maintain a low fat and low acid diet. The progress note dated 01/26/2015 indicates that the injured worker was again seen for unchanged abdominal pain, acid reflux and constipation. The injured worker was given prescription for Prilosec, Gaviscon and Linzess (145 mcg daily). The injured worker was also again advised to follow a low fat, low acid diet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68, 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to California MTUS Guidelines, proton pump inhibitors may be recommended in patients who are at immediate risk or high risk for gastrointestinal events, such as patients over the age of 65; patient with a history of peptic ulcer, GI bleed or perforation; patients prescribed ASA, corticosteroids and/or anticoagulant; or patients taking high dose/multiple NSAIDs. Although it was noted that the injured worker was being treated for abdominal pain and acid reflux, there was lack of physical exam findings to support the use of proton pump inhibitor. Additionally, there is lack of evidence the patient is over 65 years of age, has a history of peptic ulcer, GI bleeding or perforation or taking high dose/multiple NSAIDs. Furthermore, there is no documentation in regard to the injured worker's therapeutic benefit with use of this medication. Therefore, the request for Prilosec 20 mg #30 is not medically necessary.

Gaviscon, three (3) times per day, #1 bottle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0009022/?report=details#uses>, Antacid, Aluminum and Magnesium (by mouth).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/mtm/gaviscon-extra-strength-liquid.html>.

Decision rationale: The California MTUS/ACOEM and Official Disability Guidelines do not address this request. However, the Drugs.com website states that Gaviscon is indicated for treatment of symptoms of stomach ulcers, gastroesophageal reflux disease, heartburn, upset stomach, acid indigestion or other conditions caused by excessive stomach acid. Although it was noted the patient was being seen for unchanged abdominal pain, acid reflux, and constipation, there is lack of symptomatology or objective exam findings which support the diagnosis of acid reflux, which would benefit from the use of this medication. Additionally, there is no indication that the injured worker had been following the physician's recommendation to follow a low fat, low acid diet. Therefore, the request for Gaviscon 3 times per day #1 bottle is not medically necessary.

Linzess 145mcg daily #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmg/articles/PMC3638410>, Linaclotide (Linzess) for Irritable Bowel Syndrome with Constipation and for Chronic Idiopathic Constipation Rachel Hutchins Thomas, PharmD, MS and Kyle Alimond.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/linzess.html>.

Decision rationale: The California MTUS/ACOEM and Official Disability Guidelines do not address this request. However, the Drugs.com website indicates that Linzess is a prescription medication used to treat chronic constipation or chronic irritable bowel syndrome. There is lack of evidence that the patient receives a therapeutic benefit with the use of the medication. Additionally, there is no subjective or objective complaints noted within the documentation provided to support the diagnosis of chronic constipation or irritable bowel syndrome that would benefit from the use of this medication. Therefore, the request for Linzess 145 mcg daily #30 is not medically necessary.

Linzess 290mcg daily #45: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmg/articles/PMC3638410>, Linaclotide (Linzess) for Irritable Bowel Syndrome with Constipation and for Chronic Idiopathic Constipation Rachel Hutchins Thomas, PharmD, MS and Kyle Alimond.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/linzess.html>.

Decision rationale: The California MTUS/ACOEM and Official Disability Guidelines do not address this request. However, the Drugs.com website indicates that Linzess is a prescription medication used to treat chronic constipation or chronic irritable bowel syndrome. There is no subjective or objective complaints noted within the documentation provided to support the diagnosis of chronic constipation or irritable bowel syndrome that would benefit from the use of this medication. Therefore, the request for Linzess 145 mcg daily #30 is not medically necessary.