

<b>Case Number:</b>	CM15-0086736		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	11/13/2001
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Pennsylvania

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 54 year old male, who sustained an industrial injury on November 13, 2001. The mechanism of injury was a slip and fall in which the injured worker sustained injuries to the right elbow, right knee and the back of the head. The injured worker has been treated for right elbow, right knee and low back pain. The diagnoses have included lumbar spine degenerative joint disease, arthritis of the left knee, internal knee derangement, anterior cruciate ligament tear, left planter fasciitis, obesity, gastroesophageal reflux disease, depressive disorder and failed medial and total compartment arthroplasty. Treatment to date has included medications, radiological studies, epidural steroid injections, physical therapy, braces, radiofrequency procedures, Synvisc injections and multiple right knee surgeries. Current documentation dated March 18, 2015 notes that the injured worker had constant right knee pain and instability. The documentation notes that the injured worker was taking opioid medication for his pain and Colace for constipation related to the chronic narcotic use. The treating physician's plan of care included a request for Linzess 145 mcg # 30 with six refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Linzess 145 mg#30 with 6 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of common opioid-induced adverse effects. Swegle JM, Official Disability Guidelines (ODG), opioids.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lexicomp/Linzness.

**Decision rationale:** Linzness is indicated for the treatment of idiopathic chronic constipation and irritable bowel syndrome in adults. This worker has chronic constipation secondary to narcotic use. Colace has not been sufficient to manage his constipation. Linzness is not specifically recommended for the treatment of narcotic induced constipation. It is not reasonable to prescribe 6 refills of this medication without first having a one month trial of the medication to determine if it will be of benefit. The request is not medically necessary.