

Case Number:	CM15-0114051		
Date Assigned:	06/22/2015	Date of Injury:	09/28/2012
Decision Date:	07/29/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/12/2015

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, Pain Management

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 52 year old female, who sustained an industrial injury on 09/28/2012. Initial complaints and diagnosis were not clearly documented. On provider visit dated 04/27/2015 the injured worker has reported chronic low back pain with radiation to the legs and chronic neck pain radiation to the arms. On examination of the lumbar spine revealed an old healed midline scar, tenderness L3-S1 paraspinal bilaterally. Range of motion was restricted and painful in all directions and a straight leg test was positive on the left side. The diagnoses have included chronic pain syndrome. Treatment to date has included surgical intervention, laboratory studies, injections and medication. The provider requested Linzess.

IMR ISSUES, DECISIONS AND RATIONALES

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

Linzess 145mcg Qty 30 lower back area (lumbar): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x ODG Pain Chapter, Opioid Induced Constipation Treatment.

Decision rationale: Regarding the request for Linzess, California MTUS does not contain criteria regarding constipation treatment. ODG states that opioid induced constipation is recommended to be treated by physical activity, maintaining appropriate hydration, and following a diet rich in fiber. Over-the-counter medication such as stool softener's may be used as well. Second line treatments include prescription medications. Within the documentation available for review, there are no recent subjective complaints of constipation. There is no statement indicating whether the patient has tried adequate hydration, well-balanced diet, and activity to reduce the complaints of constipation should they exist. Additionally, there is no documentation indicating how the patient has responded to treatment with Linzess. In the absence of such documentation, the currently requested Linzess is not medically necessary.