

Case Number:	CM15-0125932		
Date Assigned:	07/10/2015	Date of Injury:	10/24/2002
Decision Date:	08/18/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/29/2015

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: Preventive Medicine, Occupational 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 62-year-old male, who sustained an industrial injury on 10/24/2002. The current diagnoses are lumbar disc degeneration, status post fusion, chronic post-operative pain, and intervertebral cervical disc disorder. According to the progress report dated 6/8/2015, the injured worker complains of increasing lumbar pain. The level of pain is not rated. The physical examination reveals very guarded movement He experienced right leg cramping with straight leg test. He reports falling more frequently. The current medications are Saphris, Linzess, Temazepam, Methadone, Baclofen, Gabapentin, and Lidoderm patch. There is documentation of ongoing treatment with Linzess since at least 1/19/2015. Treatment to date has included medication management, x-rays, MRI studies, Ketorolac injection, and surgical intervention. As of 1/7/2015, work status was permanent and stationary. A request for Linzess has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Linzess 290mg #30 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.medicinenet.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use section Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Opioid-Induced Constipation Treatment and Other Medical Treatment Guidelines <http://www.drugs.com/linzess.html>.

Decision rationale: The MTUS and ODG do not specifically address the use of Linzess. Linzess is FDA approved for the treatment of irritable bowel syndrome with constipation and chronic idiopathic constipation. The MTUS Guidelines recommends the prophylactic treatment of constipation when initiating opioid therapy. The ODG states that first line treatment for opioid induced constipation includes laxatives to help stimulate gastric motility, as well as other medications to help loosen hard stools, add bulk, and increase water content of the stool. The injured worker is noted be treated with methadone. The use of Linzess is a reasonable option with this patient who is being treated chronically with opioids. The request for Linzess 290mg #30 with 2 refills is determined to be medically necessary.