

Case Number:	CM15-0129856		
Date Assigned:	07/16/2015	Date of Injury:	06/13/2011
Decision Date:	09/09/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/06/2015

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: Arizona, Michigan

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 44 year old male, who sustained an industrial injury on 6/13/11. The mechanism of injury was not documented. The injured worker was diagnosed as having pain in hand joint, reflex sympathetic dystrophy of upper limb and causalgia of upper limb. Treatment to date has included oral medications including Celebrex, Linzess, Fluticasone, Nucynta, Zanaflex and topical lidocaine, left carpal tunnel release, physical therapy and home exercise program. Currently on 6/9/15, the injured worker complains of neck and left arm pain; he notes increased pain to the left thumb since previous visit of 4/21/15. He notes cream is working well, lidocaine cream is helping, and he has difficulty maintaining sleep due to pain. He rates the pain as 4/10 since last visit. Urine drug testing performed on 10/31/13 and 10/30/14 were consistent with medications prescribed. He is currently working. On physical exam, dated 6/9/15 residual pain in left hand-left upper extremity is noted along with painful area on his lower thumb base in surgical area. The treatment plan included continuation of Nucynta 150mg, Nucynta 50mg, Gralise, Celebrex 200mg, Linzess 145.ugm, omeprazole 20mg and Zanaflex 4mg, Lidoderm cream and trial of Flector patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Linzess 145 . ugm #15: 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 Official Disability Guidelines (ODG) Pain: Opioid induced constipation.

Decision rationale: Linzess is a Guanylate Cyclase-C, recommended for adults with chronic idiopathic constipation and irritable bowel syndrome with constipation. ODG recommends prophylactic treatment of constipation should be initiated. Opioid induced constipation is a common adverse effect of opioid use. Prior to prescribing medication for constipation the injured worker should be informed of simple treatments such as increasing physical activity, increasing fluids and a diet rich in fiber. If these treatments do not work, medications for constipation may be prescribed. In this case, there is no documentation of first line treatment for opioid induced constipation. The request for Linzess is not medically necessary.