

Case Number:	CM15-0170351		
Date Assigned:	09/10/2015	Date of Injury:	06/08/1994
Decision Date:	10/08/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/28/2015

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: North Carolina
 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 a 56-year-old female who sustained an industrial injury on June 8, 1994 resulting in multiple injuries including pain in her upper and lower back and her left ankle, and she later developed gastrointestinal symptoms including bloating, cramping and irregular bowel movements. Diagnoses relating to this request include GERD-Barrett's esophagus with dyspepsia, irritable bowel syndrome Subtype C, and gastroparesis. Documented treatment includes Ducosate 100 mg, Metamucil powder 3 doses per day, and Senekot. The injured worker continues to complain of bloating, alternating constipation and loose stool, and abdominal cramps. The treating physician's plan of care includes a request on August 4, 2015 for 30 tablets of Linzess 145 mcg with 3 refills which was denied due to the injured worker already taking Metamucil 3 times a day which the reviewer states could cause adverse reactions; and, Erythromycin 60 of 250 mg with 3 refills which has been modified to only include the prescription without the refills with the rationale that use of this medication for improving gastric emptying requires monitoring.

IMR ISSUES, DECISIONS AND RATIONALES

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

Linzess 145mcg #30 With 3 Refills: Overturned

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 PDR, linzess.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of IBS. The patient has this documented diagnosis and therefore the request is medically necessary.

Erythromycin 250mg #60 With 3 Refills: Overturned

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) PDR, erythromycin.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of infection. It does have the off label use of gastroparesis. The patient has this documented diagnosis and therefore the request is medically necessary.