

Case Number:	CM15-0090216		
Date Assigned:	05/14/2015	Date of Injury:	02/09/2007
Decision Date:	06/18/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/11/2015

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

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 46 year old, male who sustained a work related injury on 2/9/07. The diagnoses have included chronic pain syndrome, lumbar degenerative disc disease, low back pain, lumbar postlaminectomy syndrome, lumbar radiculopathy and numbness. Treatments have included home exercise program, oral medications, Lidoderm patches, Toradol injections, spinal cord stimulator and ice/heat therapy. In the PR-2 dated 3/17/15, the injured worker complains of increasing pain in low back and left leg. He describes the pain as aching and stabbing. He rates his pain level on medications as a 5/10 and a 10/10 off of medications. He has tenderness over lumbar paraspinal musculature. He has decreased range of motion in his lower back because of pain. The treatment plan is refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Linzess 145 mcg #60 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78. Decision based on Non-MTUS Citation manufacturer website www.linzess.com.

Decision rationale: The patient presents with chronic low back and left leg pain. The Request for Authorization is not provided in the medical file. The current request is for Linzess 145 mcg #60 3 refills. Treatments have included home exercise program, oral medications, Lidoderm patches, Toradol injections, spinal cord stimulator and ice/heat therapy. The patient is currently not working. According to the manufacturer website www.linzess.com LINZESS (linaclotide) is a prescription medication used in adults to treat irritable bowel syndrome with constipation (IBS-C) and chronic idiopathic constipation (CIC). Regarding Opioid-induced constipation treatment, MTUS CRITERIA FOR USE OF OPIOIDS (pg. 76-78) recommends that Prophylactic treatment of constipation should be initiated. This patient has been utilizing Norco on a long term basis and has reported severe constipation as a side effect. On 12/23/14, the patient reported that his constipation has worsen despite using Colace and Linzess was initiated. In this case, the patient has a chronic pain condition and is on an opiate regimen. The patient has been taking Linzess with good benefit. MTUS guidelines support laxatives or stool softeners on a prophylactic basis when using opiates. Given the patient's opiate regimen and the treating physician's statement that Linzess is effective, the requested Linzess IS medically necessary.