

<b>Case Number:</b>	CM14-0149745		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	05/26/2005
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, mid back, low back, and shoulder pain reportedly associated with an industrial injury of May 26, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; cervical epidural steroid injection therapy; cervical face injection; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated August 29, 2014, the claims administrator denied a request for Linzess. The applicant's attorney subsequently appealed. In a May 27, 2014 urine drug test report, the applicant's medication list was attached. The applicant was described as using Oxycontin, Oxycodone, Lyrica, and Lidoderm patches, it was noted at that point in time. In a May 27, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant was having issues with sleep disturbance. The applicant complained that the claims administrator had denied several medications which an agreed medical evaluator (AME) reportedly endorsed. Highly variable 5-9/10 pain was noted. The applicant exhibited an antalgic gait. The applicant was obese, with a BMI of 34. The applicant was apparently given refills of and/or asked to continue Pamelor, Lyrica, Oxycontin, Oxycodone, and Norflex. The applicant's work status was reportedly "unchanged." It did not appear that the applicant was working. In an April 16, 2014 progress note, the applicant reported persistent complaints of multifocal pain, including neck pain, low back pain, and knee pain. Multiple medications were refilled, including Oxycodone, Lyrica, and Oxycontin. The applicant was status post stellate ganglion blocks, it was noted. It did not appear that the applicant was working at age 71, although this was not clearly stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Linzess 290mcg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Linzess Medication Guide

**Decision rationale:** While the MTUS does not specifically address the topic of Linzess usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do note that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Linzess is indicated in the treatment of irritable bowel syndrome with constipation and/or chronic idiopathic constipation. In this case, however, the attending provider appears intent on employing Linzess for a non-FDA labeled purpose, namely opioid-induced constipation. No compelling applicant-specific rationale or medical evidence was attached to the request for authorization so as to offset the unfavorable FDA position on the article at issue. Furthermore, it was not stated why the applicant could not employ first-line laxatives such as Psyllium, Colace, Senna, etc. Therefore, the request is not medically necessary.