MAXIMUS Federal Services

Case Number:	CM14-0009409		
Date Assigned:	02/28/2014	Date of Injury:	09/07/2004
Decision Date:	07/28/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/24/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 patient is 63-year-old female who has submitted a claim for lumbar degenerative disc disease, myofascial pain, postlaminectomy syndrome, sciatica, low back pain, depression and migraine associated from an industrial injury date of September 9, 2004. Medical records from 2008-2013 were reviewed, the latest of which dated December 5, 2013 revealed that the patient complains of back pain. Fentanyl is working well without side effects. The back pain is generalized and located in both sides. The back pain is described as aching, cramping, and spasmodic. The pain fluctuates in intensity. Exacerbating factors consist of squatting, standing and walking. Relieving factors consist of analgesic medications and rest. Associated symptoms consists of bowel dysfunction and decreased sensation. Pain is rated at 5/10. On physical examination, there is bilateral tenderness and limitation in range of motion in the lumbar spine. There is a healing wound with staples intact. Treatment to date has included spinal fusion at L5-S1 (8/2005), physical therapy, and medications that include Relistor, Fentanyl patch, Oxycontin, Cymbalta, Skelaxin, Topamax, Tylenol and Norco.Utilization review from December 17, 2013 denied the request PRESCRIPTION OF RELISTOR 12MG/0.6ML SUBCUTANEOUS (SQ), #15 WITH 3 REFILLS because recent report does not provide evidence of clinical finding of constipation and there is no documentation of intolerance to oral medications to support SQ treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF RELISTOR 12MG/0.6ML SUBCUTANEOUS (SQ), #15 WITH 3 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation VETERANS HEALTH ADMINISTRATION, DEPARTMENT OF DEFENSE: CLINICAL PRACTICE GUIDELINE FOR THE MANAGEMENT OF OPIOID THERAPY FOR CHRONIC PAIN.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.drugs.com/relistor.html.

Decision rationale: The CA MTUS and ODG do not specifically address the topic on Relistor. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Food and Drug Administration was used instead. The FDA states that Relistor is indicated for the treatment of opiate-induced constipation in patients with advanced illness who are receiving palliative care and have had an insufficient response to laxative therapy. In this case, Relistor has been used since April 2013 for opioid-induced constipation. The most recent clinical evaluation notes bowel dysfunction present. However, there is no documentation of failure of laxative therapy. The medical necessity for Relistor was not established. Therefore, the request for PRESCRIPTION OF RELISTOR 12MG/0.6ML SUBCUTANEOUS (SQ), #15 WITH 3 REFILLS is not medically necessary.