

Case Number:	CM14-0052543		
Date Assigned:	07/09/2014	Date of Injury:	09/03/1999
Decision Date:	09/03/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/21/2014

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 Tennessee. 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:

This is a 53-year-old male with a date of injury if 9/3/99. The mechanism of injury occurred when he reached down to pick up an object and felt a sharp pain in his low back. The patient has a long history of a work related injury to his lower back, and has been on long-term opioid therapy. On 2/5/14 he currently has complaints of chronic low back pain with some radiation to both lower extremities. It is aggravated by brief walking and standing, obtaining some relief by sitting. On exam, his restricted range of motion prompts low back pain. There was very little atrophy in the left lower extremity compared to the right. The diagnostic impression is lumbar spondylosis multilevel, and lumbar disc displacement. Treatment to date includes surgery and medication management. A UR decision dated 3/24/14 denied the request for 1 sample of Relistor. The Relistor was denied because although there was documented report of opioid induced constipation, it does not appear that the patient had failed use of Senna as this medication was still prescribed by the provider without indication of lack of efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Sample of Relistor: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Management of constipation. 1996 (revised 2009 Oct). NGC:007535 University of Iowa College of Nursing, John A. Hartford Foundation Center of Geriatric Nursing Excellence - Academic Institution.

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: FDA Relistor.

Decision rationale: California MTUS does not address this issue. 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. However, this patient has been on long-term opioid therapy for chronic pain. One of the most common laxative regimens recommended for patients with opioid-induced constipation is a stool softener plus a stimulant laxative, such as Docusate and Senna. The patient has not failed the use of Senna, a stimulant laxative, as it was prescribed and certified with the same day request as Relistor. In addition, patients who do not respond to this combination may use an osmotic agent or lubricant. It does not appear that the patient has tried this form of alternative laxatives. In addition, Relistor is recommended for opioid-induced constipation in patients with advanced illness who are receiving palliative care and have had an insufficient response to laxative therapy. The patient is not receiving palliative care at this time. Therefore, the request for 1 sample of Relistor is not medically necessary.