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| <b>Case Number:</b>   | CM14-0187943 |                              |            |
| <b>Date Assigned:</b> | 11/20/2014   | <b>Date of Injury:</b>       | 03/01/2007 |
| <b>Decision Date:</b> | 03/12/2015   | <b>UR Denial Date:</b>       | 11/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/11/2014 |

### 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. 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: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 46 year-old female with state of injury 03/01/2007. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/30/2014, lists subjective complaints as pain in the neck. Objective findings: Examination of the cervical spine revealed tenderness to palpation of the paravertebral muscles, right greater than left side, rhomboids, trapezius, and bilateral upper cervical facet joints. Range of motion was restricted in all planes and elicited pain at the terminus of ranges. Spurling's maneuver caused pain in the muscles of the neck which radiated to the upper left extremity. Hawkin's and Neer's tests were positive. Diagnosis: 1. Cervical radiculopathy 2. Post cervical laminectomy syndrome 3. Carpal tunnel syndrome. The medical records supplied for review document that the patient had not been prescribed the following medication before the request for authorization on 10/30/2014. Medication: 1. Relistor 12mg/0.6ml syringe/SQ injection, #7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription for Relistor 12mg/0.6ml syringe/SQ injection, #7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 77.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines makes provision for the prophylactic treatment of constipation secondary to chronic opiate use. Methylnaltrexone is approved for the treatment of Opioid Induced Constipation or OIC. It is generally only to be used when ordinary laxatives have failed. There is no documentation of failed attempts using ordinary laxatives which would require a subcutaneous drug such as methylnaltrexone. One prescription for Relistor 12mg/0.6ml syringe/SQ injection, #7 is not medically necessary.