

Case Number:	CM14-0194627		
Date Assigned:	12/02/2014	Date of Injury:	11/11/2012
Decision Date:	01/16/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/20/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 a 53 year old with a work injury dated 11/11/12. The diagnoses include low back pain, possible lumbar radiculopathy, chronic neck pain, clinically consistent cervical radiculopathy, bilateral wrist and hand pain, right wrist TFCC tears. Under consideration are requests for Relistor 12mg. Patient returns with persistent low back and neck pain. Her neck pain mostly radiates to the right upper extremity but also has some neck pain radiating to the left upper extremity. She describe her pain as tingling and numbness in the bilateral upper extremities associated with shooting pain in the right shoulder region radiating to the right upper extremity. She feels savella is helping her significantly for her tingling and numbness as well as for depression. She recently had left carpal tunnel release but has ongoing tingling and numbness in the bilateral upper extremities. She also has constipation associated with medications. On a physical exam, spasms noted in the cervical paraspinal muscles and stiffness noted in the cervical spine. There is limited mobility noted in the cervical spine secondary to pain. Dysesthesia noted to light touch in the right upper extremity. A scar noted in the left wrist and proximal hand status post carpal tunnel release. There are spasms noted in the lumbar paraspinal muscles and stiffness noted in the lumbar spine. Antalgic gait noted and she is using a cane for ambulation. Her treatment plan includes prescriptions for Senna, Relistor, Duragesic patch; MRI of the neck; psychiatric consult. A 9/17/14 progress note states that the patient has constipation and she is currently taking Docusate Sodium, Senokot-S and Lactulose which are not helping for her persistent constipation Utilization review dated 10/23/14 stated that reviewing physician had a phone conversation with the treating physician and states that regarding the Relistor, the doctor wished to withdraw this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relistor 12mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating therapy Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic)- Methylnaltrexone (Relistor®) and Opioid-induced constipation treatment Other Medical Treatment Guideline or Medical Evidence: <http://www.relistor.com/>

Decision rationale: The MTUS states that prophylactic treatment of constipation should be initiated. A review of Relistor online reveals that Relistor is indicated for the treatment of opioid-induced constipation (OIC) for adult patients with chronic non-cancer pain. The ODG states that the FDA has approved methylnaltrexone bromide (Relistor) subcutaneous injection 12 mg/0.6 mL for the treatment of opioid-induced constipation in patients taking opioids for non-cancer pain. The ODG states that if first line treatments do not work there are second line options such as Relistor. The documentation indicates that the patient has persistent constipation not relieved with Docusate Sodium, Senokot, and Lactulose, however on prior peer review the treating physician wished to withdraw this medication request. The request as written also does not indicate a quantity. For these reasons Relistor is not medically necessary.