

<b>Case Number:</b>	CM15-0136562		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	02/24/2006
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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:

The injured worker is a 36-year-old male, who sustained an industrial injury on 2/24/06. He has reported initial complaints of a back injury after an accident driving a tractor. The diagnoses have included chronic intractable low back pain secondary to lumbosacral degenerative disc disease (DDD) status post lumbar fusion, severe neuropathic pain, severe lumbar radiculopathy, failed back syndrome, chronic pain syndrome, chronic daily headaches, anxiety and depression. Treatment to date has included medications, activity modifications, surgery, transcutaneous electrical nerve stimulation (TENS), physical therapy and other modalities. Currently, as per the physician progress note dated 5/11/15, the injured worker complains of chronic pain and he is maintaining his current dosage of medications for pain. The current medications included Norco, Lyrica, Xanax and Cymbalta. The urine drug screen dated 3/14/14 was inconsistent with medication prescribed. The objective findings reveal that he has a mild antalgic gait without use of an assistive device and lumbar range of motion is limited with flexion, extension and lateral flexion. The physician requested treatment included Movantik (naloxegol) 25mg #30. In 2014 this individual was prescribed Senna for constipation and it was successful as no constipation was reported. On 5/11/15 and 7/13/15, the prescribing physician states that there is no constipation and Movantik is not listed as a prescribed drug that this individual is utilizing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Movantik (naloxegol) 25mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 23-27. Decision based on Non-MTUS Citation <https://www.movantikhcp.com>.

**Decision rationale:** MTUS Guidelines do not address this medication directly, but the Guidelines recommend standards of evaluation and documentation to support diagnosis and treatment. These standards have not been met. Movantik is a opioid agonist/antagonist that does not cross the blood brain barrier. It was recently approved for opioid induced constipation. The prescribing physician does not document any rationale for prescribing this drug. No recalcitrant constipation is documented and mention of the drug with or without supporting rationale is not documented. Under these circumstances, the Movantik (naloxegol) 25mg #30 is not supported by guidelines and is not medically necessary.