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| <b>Case Number:</b>   | CM15-0137658 |                              |            |
| <b>Date Assigned:</b> | 07/27/2015   | <b>Date of Injury:</b>       | 04/01/2009 |
| <b>Decision Date:</b> | 09/23/2015   | <b>UR Denial Date:</b>       | 06/30/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/16/2015 |

### 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: Georgia, California, Texas

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 50-year-old female, who sustained an industrial injury on April 1, 2009. She reported bilateral upper extremity injuries sustained while performing her usual and customary job duties. The injured worker was diagnosed as having cubital tunnel syndrome, carpal tunnel syndrome, chronic pain syndrome, and shoulder pain. Treatments and evaluations to date have included medication. Currently, the injured worker complains of bilateral elbow, arm, and wrist pain. The Secondary Treating Physician's report dated June 22, 2015, noted the injured worker rated her bilateral upper extremity pain as 5/10, with numbness, dizziness, joint pain, and muscle weakness. The injured worker was noted to have begun a trial of Percocet, reporting the Percocet was reducing pain and increasing her activity tolerance, but was causing severe constipation of one bowel movement every three days. The injured worker was noted to be using 4 tabs of Colace daily as well as Naprosyn and the Percocet. Physical examination was noted to show tenderness to palpation in the right thenar region with decreased strength of 2/5. The Physician noted all blood test results from June 11, 2015 were within normal range. The treatment plan was noted to include a request for a trial of Nucynta, and a trial of Movantik for treatment of the opiate induced constipation, with continued home exercise and stretching.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Movantik 25mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77 of 127. Decision based on Non-MTUS Citation ODG Pain (Chronic, updated 09/08/15), Opioid-induced constipation treatment.

**Decision rationale:** MTUS recommends prophylactic treatment of constipation for patients receiving opioid therapy, but is silent concerning specific measures. ODG Pain Chapter recommends a stepwise approach to treating opioid-induced constipation. ODG recommends first-line measures including increasing physical activity, maintaining appropriate hydration by drinking enough water, advising the patient to follow a proper diet rich in fiber, laxatives, and stool softeners, prior to consideration of second-line agents. Movantik (naloxegol) is a mu-opioid receptor antagonist indicated for treatment of opioid-induced constipation (OIC), in adult patients with chronic, non-cancer pain. ODG is silent concerning Movantik, but this drug would be considered a second- or third-line option. The only documented constipation treatment in this case has been Colace. Because other first-line treatments for constipation do not appear to have been exhausted, medical necessity is not established for the requested Movantik.