

<b>Case Number:</b>	CM15-0166178		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	09/23/1998
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Physical Medicine & Rehabilitation

### 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 61-year-old man sustained an industrial injury on 9-23-1998, after a motor vehicle accident. He received immediate medical attention. Diagnoses include head trauma with post-traumatic head syndrome, disorder of sleep and arousal with non-restorative sleep, cervicogenic headaches with occipital neuralgia, status post cervical failed back syndrome, occipital neuralgia, and chronic pain ideation, anxiety secondary to chronic pain, myofascial pain syndrome, and psychological factors affecting his physical condition. Treatment has included oral medications, heat, massage, injections, rest, nerve blocks, trigger point injections, and stretching. Physician notes dated 8-3-2015 show complaints of neck pain, mid thoracic pain, and bilateral shoulder pain with radiation to the bilateral upper extremities. The worker states his pain rating averages 5 out of 10 and is 10 out of 10 at the worst. Recommendations include trigger point injections, occipital blocks, cervical facet injections, decrease Oxycontin, continue Dilaudid, continue Diazepam, continue coping mechanisms, continue Lyrica, thoracic medial branch blocks, functional restoration program, continue Flexeril, Movantik, and follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Tablets of Movantik 25mg with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Criteria for use of Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid-Initiating Therapy and Long-term users of Opioids, pages 77 & 88.

**Decision rationale:** Review indicates the request for Movantik was modified for 30 tablets without refills. Movantik (Naloxegol) is a new treatment for Opioid-Induced Constipation (OIC) and functions as a mu-opioid receptor antagonist in tissues of the gastrointestinal tract, thereby decreasing the constipating effects of opioids. Movantik is a medication that may be provided for constipation, a common side effect with opioid medications; however, long-term use of opioids is not recommended. MTUS guidelines provide requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). The patient continues to treat for chronic symptoms for this chronic injury; however, there are no demonstrated symptoms of constipation and no clinical findings related to GI side effects. Although chronic opioid use is not supported, Movantik should be provided for only short-term relief as long-term opioid use is not supported as serious health problems such as abdominal pain, diarrhea, nausea, and vomiting may affect normal intestinal function along with side effects of significant headaches. Submitted documents have not adequately addressed or demonstrated the indication of necessity for this medication with opiates not indicated for this chronic 1998 injury. The 30 Tablets of Movantik 25mg with 3 refills is not medically necessary and appropriate.