

<b>Case Number:</b>	CM15-0166381		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	08/25/2003
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for constipation and abdominal pain reportedly associated with an industrial injury of August 26, 2003. In a Utilization Review report dated July 24, 2015, the claims administrator failed to approve a request for Relistor. The claims administrator referenced an RFA form received on July 21, 2015 in its determination. The applicant's attorney subsequently appealed. On May 27, 2015, the applicant was placed off-of work, on total temporary disability owing to ongoing complaints of total body pain, fatigue, malaise, and insomnia. The applicant was given diagnoses of asthma and myalgias and myositis of various body parts. Tizanidine and topical compounds were endorsed while the applicant was kept off-of work. There was no seeming mention of Relistor usage on this date. On a July 15, 2015 progress note, the applicant reported ongoing complaints of chronic pain associated with fibromyalgia and generalized pain syndrome. The applicant was on methadone, Remeron, Cymbalta, and Seroquel, it was reported. The applicant had developed issues with constipation associated with the same. Relistor was endorsed. The applicant's work status was not explicitly detailed on this date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Relistor SC:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Methylalntrexone (Relistor).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Methylalntrexone (Relistor®).

**Decision rationale:** No, the request for Relistor was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODGs chronic pain chapter methylalntrexone topic notes that Relistor is recommended only as a possible second-line treatment for opioid-induced constipation. Here, the attending provider's handwritten July 15, 2015 Doctor's First Report (DFR) made no mention of the applicant's having failed first-line laxatives. A clear or compelling rationale for introduction of Relistor in favor of conventional laxatives was not, in short, furnished on the July 15, 2015 office visit in question. Therefore, the request was not medically necessary.