

Case Number:	CM15-0185741		
Date Assigned:	09/25/2015	Date of Injury:	02/10/2002
Decision Date:	11/02/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/21/2015

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:

The 50 year old male injured worker suffered an industrial injury on 2-10-2002. The diagnoses included lumbar disc displacement. On 8-13-2015 the treating provider reported neck pain, lower back pain, right shoulder, bilateral wrist and left knee pain rated 6.5 out of 10 with medication and without medication 9 out of 10. The "Review of System" indicated in the gastrointestinal note 7-16-2015 and 8-13-2015 (-) constipation. He reported he was getting good benefit from Voltaren Gel that he started on 7-16-2015. The body part indicated for the Voltaren Gel was not included in the medical record. A description of constipation or any other tried and failed interventions were not included in the medical record. Prior treatment included chiropractic therapy, MS Contin and Norco. The Utilization Review on 8-27-2015 determined non-certification for Movantik 25mg, #30 and Voltaren gel 1%, #3.

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 Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, dosing.

Decision rationale: Provider reports of 7-16-2015 and 8-13-2015 noted under "Review of System" that indicated under the gastrointestinal note (-) constipation. 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 injury. The Movantik 25mg, #30 is not medically necessary and appropriate.

Voltaren gel 1%, #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy in terms of improved work status, specific increased in ADLs, decreased in pharmacological dosing, and decreased in medical utilization derived from treatment already rendered. Intolerance to oral medications is not documented. Additionally, there are evidence-based published articles noting that topical treatment with NSAIDs and other medications can result in blood concentrations and systemic effects comparable to those from oral treatment. It was advised that topical non-steroidal anti-inflammatory drugs should be used with the same precautions as other forms of the drugs in high-risk patients, especially those with reduced drug metabolism as in renal failure. The Voltaren gel 1%, #3 is not medically necessary and appropriate.

