

Case Number:	CM15-0194521		
Date Assigned:	10/08/2015	Date of Injury:	06/22/2007
Decision Date:	11/16/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/03/2015

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 injured worker is a 55 year old female, who sustained an industrial injury on 6-22-2007. The injured worker was being treated for lumbar post-laminectomy syndrome, chronic pain syndrome, psychophysiological disorder, low back pain, headache, anxiety, and thigh pain. Past medical history was positive for stomach ulcers. Treatment to date has included diagnostics, spinal surgery in 2008, and medications. Currently (9-01-2015), the injured worker complains of "severe" back pain with radiation to the left lower extremity, noting worse recently in her leg and buttock. She reported doing a walking program and getting stronger with continued use of a cane. She also reported increased stress due to "recent breast cancer scare and will receive chemo." Current gastrointestinal complaints, if any, were not specified. Medications included Brintellix, Carisoprodol, Lunesta, Movantik (prescribed 9-01-2015), Naprosyn (since at least 11-21-2014), Neurontin, Norco, Omeprazole (since at least 11-21-2014), and Zofran. Physical exam noted an antalgic gait, favoring the left and a forward flexed body posture. Gastrointestinal exam was not noted. She requested a trial of new medication for opioid induced constipation. The treating physician documented that she was able to self taper her previous use of Suboxone and discussion was noted to continue tapering medications using other modalities, such as physical therapy or pain psychology. The treatment plan included Movantik 12.5mg #60, Omeprazole 20mg delayed release #60 with 3 refills, and Naprosyn 500mg #60 with 3 refills, non-certified by Utilization Review on 9-10-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Movantik 12.5 MG Tab #60 with No Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain.

Decision rationale: 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 provides 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 2007 injury. The Movantik 12.5 MG Tab #60 with No Refill is not medically necessary and appropriate.

Omeprazole 20 MG Delayed Release 30 Days #60 with 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Proton pump inhibitor (PPI) medication is for treatment of the problems associated with active gastric ulcers, erosive esophagitis, Barrett's esophagitis, or in patients with pathologic hypersecretion diseases. Although preventive treatment is effective for the mentioned diagnosis, studies suggest; however, nearly half of PPI prescriptions are used for unapproved or no indications. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for PPI namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Long term use of PPIs have potential increased risks of B12 deficiency; iron deficiency; hypomagnesemia; susceptibility to pneumonia, enteric infections, fractures, hypergastrinemia and cancer, and cardiovascular effects of myocardial infarction (MI). In the elderly, studies have demonstrated increased risk

for Clostridium difficile infection, bone loss, and fractures from long-term use of PPIs. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any identified history of acute GI bleeding, active ulcers, or confirmed specific GI diagnosis criteria to warrant this medication. The Omeprazole 20 MG Delayed Release 30 Days #60 with 3 Refills is not medically necessary and appropriate.

Naprosyn 500 MG Oral Route for 30 Days #60 with 3 Refills: 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).

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 2007 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. The Naprosyn 500 MG Oral Route for 30 Days #60 with 3 Refills is not medically necessary and appropriate.