

Case Number:	CM15-0195196		
Date Assigned:	10/08/2015	Date of Injury:	06/24/2013
Decision Date:	11/19/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/05/2015

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: Emergency 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 45 year old female who sustained an industrial injury on June 24, 2015. An office visit dated May 01, 2015 reported past surgery to consist of: left knee 2004, right knee 2003, and right hand carpal tunnel release 1993. Of note, she had previously received two injections to left shoulder September 2013 and June 24, 2013. The impression noted: left shoulder subacromial impingement with internal rotation contracture refractory to maximum conservative measures. The following diagnoses were applied to this visit: rotator cuff sprain and strain; other affections shoulder region; adhesive capsulitis of shoulder, and lack of coordination. The plan of care is to proceed with surgery left shoulder. At office visit dated June 30, 2015 current medications listed: Allertec, Nitrofurantoin macrocrystal, Norco, Pantoprazole. On July 28, 2015 she underwent left shoulder surgery. Follow up visit dated August 05, 2015 reported subjective complaint of "in minimal amounts of pain," and that her "range of motion is great." She is attending physical therapy session and home exercises. She is to continue with Percocet and Colace. Recent office visit dated September 15, 2015 reported pain is decreasing and range of motion is increasing. She is reporting constipation secondary to narcotics. The following were prescribed this visit: Kokua cream, and Movantik. On September 15, 2015 a request was made for Movantik 25mg, #30 that was noncertified by Utilization Review on September 22, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Movantik 25mg 1 tab by mouth every AM 1 hour before or 2 hours after breakfast #30:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Constipation.

Decision rationale: Movantik/Naloxegol is a new Mu-receptor antagonist specifically approved for opioid induced constipation that has only been on the market for less than a year. MTUS guidelines have general recommendations concerning prophylaxis against constipation in patients on opioids. As per Official Disability Guidelines, multiple other 1st line prophylactic and therapeutic medications, many available over the counter, are recommended before using expensive prescription medications. Documentation has failed to document any basic conservative treatment of claims constipation except for colace. It is unclear as to why discontinuing opioids is not an option. It is unclear as to why provider has decided to use a brand new drug and not even attempt basic treatment why tried and true therapies. The request is not medically necessary.