

Case Number:	CM15-0200352		
Date Assigned:	10/16/2015	Date of Injury:	11/14/2006
Decision Date:	12/01/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/12/2015

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, Illinois

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 injured worker is a 55 year old female, who sustained an industrial injury on 11-14-06. She reported neck pain. The injured worker was diagnosed as having cervical post laminectomy syndrome, cervical disc disorder, bilateral shoulder pain, cervical radiculopathy, and cervical pain. Treatment to date has included an injection to the shoulder, cervical epidural steroid injections, a stellate ganglion block, C5-6 spinal fusion, left shoulder arthroscopy and decompression, physical therapy, and medication including Amitiza, Omeprazole, Morphine Sulfate, Oxycodone HCL, Lyrica, and Effexor. On 9-25-15 the treating physician noted "she is also complaining of persistent constipation despite Amitiza dose, would like alternative medication for her opiate induced constipation." It was noted the injured worker had tried and failed to have improvement with Senokot, Colace, and Dulcolax. On 9-25-15, the injured worker complained of constipation and nausea. On 9-25-15 the treating physician requested authorization for Movantik 25mg #30. On 10-2-15 the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Movantik 25mg Qty 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): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, long-term assessment. Decision based on Non-MTUS Citation US Food and Drug Administration FDA approves Movantik for opioid-induced constipation, [http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm414620.hm](http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm414620.htm).

Decision rationale: The injured worker sustained a work related injury on 11-14-06. The medical records provided indicate the diagnosis of cervical post laminectomy syndrome, cervical disc disorder, bilateral shoulder pain, cervical radiculopathy, and cervical pain. Treatment to date has included an injection to the shoulder, cervical epidural steroid injections, a stellate ganglion block, C5-6 spinal fusion, left shoulder arthroscopy and decompression, physical therapy, and medication including Amitiza, Omeprazole, Morphine Sulfate, Oxycodone HCL, Lyrica, and Effexor. The medical records provided for review do not indicate a medical necessity for Movantik 25mg Qty 30. Movantik (naloxegol) is a medication used in the treatment of opioid-induced constipation in adults with chronic non-cancer; the MTUS and the Official Disability Guidelines are silent on it. Although the MTUS recommends prophylactic treatment of individuals on opioid treatment for constipation, the medical records indicate the injured worker has been taking opioids at least since 04/2015 without overall improvement. Rather, the records indicate medications are no longer effective. The MTUS recommends discontinuation of opioid treatment if there is no overall improvement.