

Case Number:	CM15-0202844		
Date Assigned:	10/19/2015	Date of Injury:	06/28/2006
Decision Date:	12/03/2015	UR Denial Date:	10/03/2015
Priority:	Standard	Application Received:	10/15/2015

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 51 year old male, who sustained an industrial injury on 6-28-2006. Diagnoses include lumbar post-surgical syndrome. Treatments to date include activity modification, medication therapy, physical therapy, and home exercise at a gym. On 8-3-15, he complained of low back and left leg pain. The pain was rated 5-6 out of 10 VAS on average and 8 out of 10 VAS at worst with 50% reduction of pain with medication use. The record documented inability to obtain previously prescribed medications including Norco, Avinza, hydrocodone, Lyrica, and Miralax, and on this date prescribed new medications including Hysingla, plus MSIR, Gralise, and Movantik, in addition to previously approved Rozerem and Ondansetron. The records indicated compliance to medication regime with no risks identified and no evidence of aberrant behaviors. The physical examination documented an antalgic gait secondary to pain. There was diffuse lumbar tenderness, decreased range of motion, decreased strength in left lower extremity as well as decreased sensation. The straight leg raise test was positive on the left side. The plan of care included ongoing medication therapy. The evaluation dated 8-31-15, noted no new subjective or objective findings or changes from previous examination. The record indicated approval for Lyrica. The plan of care included ongoing medication therapy. The appeal requested authorization for Movantik 25mg #30 with three refills. The Utilization Review dated 10-3-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Movantik 25mg #30, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

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: Opioid-induced constipation treatment.

Decision rationale: As per MTUS Chronic pain guidelines, patients on opioids should receive prophylaxis against constipation. Patient is chronically on opioids and was noted to be on miralax. Provider decided to switch patient to Movantik (Nalozego), a Peripherally-Acting Mu-Opioid Receptor Antagonist (PAMORA). As per Official Disability Guidelines, these other classes of medications are considered second line medication that are indicated only for opioid induced constipation with failed 1st line medication. Provider appears to have prescribed Movantik for no indication except that UR denied request for miralax. Provider has failed to provide any documentation that supports use of this medication. Miralax and multiple other constipation prophylactic medications are readily available over the counter. The multiple refills are not appropriate and not consistent with MTUS guidelines. Therefore, the request is not medically necessary.