

Case Number:	CM15-0209298		
Date Assigned:	10/28/2015	Date of Injury:	05/08/2014
Decision Date:	12/09/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old female, who sustained an industrial injury on May 8, 2014, incurring neck and right shoulder injuries. She was diagnosed with cervical disc herniation, cervical spondylosis, right shoulder tendinitis and right shoulder impingement syndrome. Treatment included diagnostic imaging, anti-inflammatory drugs, pain medications, acupuncture, steroid injections, surgical interventions, physical therapy and home exercise program, and activity restrictions. Currently, the injured worker complained of persistent neck pain radiating into the right shoulder. She noted frequent muscle spasms in her neck and shoulder. Her right shoulder range of motion was decreased and noted some right upper extremity numbness and tingling. The constant pain interfered with her activities of daily living included household chores, standing, sitting, walking and climbing stairs. She continued with her medication management for pain relief. The treatment plan that was requested for authorization included a prescription for Movantik 25 mg #30. On October 22, 2015, a request for a prescription for Movantik was denied by utilization review.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs 2013, Treatment of opioid-induced constipation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment.

Decision rationale: The claimant sustained a work injury in May 2014 and is being treated for radiating neck and right shoulder pain. She underwent right shoulder surgery in December 2014. In June 2015 she was using an interferential (IF) stimulator and had been able to wean from medications. When seen in October 2015, a home IF unit had been denied and she now required medications. She was performing a home exercise program. Physical examination findings included cervical spine tenderness with decreased range of motion and muscle spasms. There was decreased right upper extremity sensation. Spurling's testing was positive. There was minimally decreased right shoulder range of motion with mild tenderness. Ultram and Anaprox-DS were prescribed. Authorization for Movantik (naloxegol) was requested. Guidelines recommend treatment due to opioid-induced constipation, which is a common adverse effect of long-term opioid use and can be severe. Peripherally acting mu-opioid antagonists are effective for opioid-induced constipation but are expensive and are not a first line treatment. Most patients are initially treated with lifestyle modifications, such as increased fluid intake, and increased dietary fiber intake. Additional fiber intake in the form of polycarbophil, methylcellulose, or psyllium may improve symptoms. The next step in the treatment of constipation is the use of an osmotic laxative, such as polyethylene glycol, followed by a stool softener, such as docusate sodium, and then stimulant laxatives. If symptoms do not improve, a trial of alternative medications can be considered. In this case, there is no diagnosis of opioid induced constipation. Additionally, the claimant has not failed the recommended initial treatments for this condition. Prescribing Movantik is not medically necessary.