

Case Number:	CM15-0210999		
Date Assigned:	10/29/2015	Date of Injury:	05/26/2011
Decision Date:	12/10/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/26/2015

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 64 year old female who sustained an industrial injury on May 26, 2011. Medical records indicated that the injured worker was treated for low back pain. Her medical history includes bulging lumbar disc, lumbago, bursitis of the shoulder, cervical strain, chronic pain, lumbar spine spondylosis, generalized muscle weakness, myalgia and myositis, muscle spasm and back strain. In the provider notes dated from September 1, 2015 to September 30, 2015 the injured worker complained of low back pain and constant numbness on back of left leg from buttock down to left foot. She rates her pain 7 to 8 on the pain scale. She states that her pain is aching, deep, dull, localized, sharp and throbbing. Her pain symptoms are aggravated by bending, coughing, lifting, twisting and walking. Heat, pain medication and rest relieve her symptoms. On exam, the documentation noted increased pain with twisting especially on the right side. Facet loading test was positive on the right side. The paraspinal muscles are tender to palpitation and decreased flexion and extension of the lumbar spine. The treatment plan is to continue medications. Previous treatment included heat, ice, and light stretching and facet joint injections. A Request for Authorization was submitted for Percocet 5 325 mg #90 30 and Movantik 12.5 mg #30. The Utilization Review dated October 12, 2015 denied the request for Percocet 5 325 mg #90 30 and Movantik 12.5 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #90/30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in May 2011 and continues to be treated for low back pain with left lower extremity numbness. In June 2015 she was not taking any medications as she was sensitive to medication side effects. She was participating in a home exercises. Physical therapy treatments were provided. In September 2015 she had pain rated at 7/10. Medications were Wellbutrin and Zoloft. Prior medications had included oxycodone causing severe constipation. Physical examination findings included increased pain with twisting especially to the right. There was decreased lumbar spine range of motion. Her body mass index was over 28. Norco 5/325 mg and Movantik were prescribed. Being requested is authorization for Percocet 5/325 mg and Movantik. A pain assessment should include the current level of pain, the least reported level of pain over the period since the last assessment, the average level of pain, the intensity of pain after taking the opioid medication, how long it takes for pain relief to occur, and how long the pain relief lasts. In this case, the claimant was prescribed Norco in September 2015. Her response to this medication is not documented. Prescribing another opioid medication without providing adequate documentation of her response to the Norco that was prescribed or when previously haven taken this medication cannot be accepted as being medically necessary.

Movantik 12.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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 2011 and continues to be treated for low back pain with left lower extremity numbness. In June 2015 she was not taking any medications as she was sensitive to medication side effects. She was participating in a home exercises. Physical therapy treatments were provided. In September 2015 she had pain rated at 7/10. Medications were Wellbutrin and Zoloft. Prior medications had included oxycodone causing severe constipation. Physical examination findings included increased pain with twisting especially to the right. There was decreased lumbar spine range of motion. Her body mass index was over 28. Norco 5/325 mg and Movantik were prescribed. Being requested is authorization for Percocet 5/325 mg and Movantik. Guidelines recommend treatment due to opioid-induced constipation which is a common adverse effect of long-term opioid use and can be severe. 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 other medications including peripherally acting mu-opioid antagonists. In this case, the claimant's response to the recommended initial treatments for opioid induced constipation is not documented and whether she has failed the recommended approach to treatment is not established. Prescribing Movantik (naloxegol) is not considered medically necessary.