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| <b>Case Number:</b>   | CM15-0122906 |                              |            |
| <b>Date Assigned:</b> | 07/07/2015   | <b>Date of Injury:</b>       | 03/12/2011 |
| <b>Decision Date:</b> | 08/07/2015   | <b>UR Denial Date:</b>       | 06/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/25/2015 |

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 35 year old male who sustained an industrial injury on 03/12/2011. Mechanism of injury was not documented. Diagnoses include spondylolisthesis at L5-S1 with severe neural foraminal stenosis, Pars defect of lumbar spine-bilateral at L5, low back pain, lumbar radiculitis, degenerative disc disease-lumbar, and anxiety and dysthymia. Treatment to date has included diagnostic studies, medications, chiropractic sessions, and a home exercise program. On 01/08/2014, an unofficial report of an Electromyography showed bilateral L5 radiculopathies. The most recent physician progress note dated 04/20/2015 documents the injured worker complains of lower back pain and left lower extremity pain. His medications include Norco, Tramadol and Flexeril. He is able to work modified duty with the help of his medications, and help his wife around the house and do yard work, but does have to takes a lot of breaks. He had surgery to his back scheduled but it has been postponed due to a low platelet count. He is having problems with constipation and is requesting something for constipation. He rates his pain as 7 out of 10 without medications and 4 out of 10 with medications. He has burning and tingling in the low back and numbness in his left buttock. There is tenderness over the lumbar paraspinals and increased pain with flexion and extension. Straight leg raise is positive on the left. The treatment plan included dispensing of Norco, Tramadol, and started him on Colace. Treatment requested is for Movantik 25mg #30.

### 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 PDR.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioid Induced Constipation Treatment.

**Decision rationale:** Regarding the request for Movantik, California MTUS does not contain criteria regarding constipation treatment. ODG states that opioid induced constipation is recommended to be treated by physical activity, maintaining appropriate hydration, and following a diet rich in fiber. Over-the-counter medication such as stool softeners may be used as well. Second line treatments include prescription medications. Within the documentation available for review, there is no statement indicating whether the patient has tried adequate hydration, well-balanced diet, and activity to reduce the complaints of constipation. In the absence of such documentation, the currently requested Movantik is not medically necessary.