

Case Number:	CM15-0170794		
Date Assigned:	09/11/2015	Date of Injury:	05/10/2010
Decision Date:	10/15/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/31/2015

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 male who sustained an industrial injury on 5-10-10. His diagnoses included status post-surgical removal of hardware from the lumbar spine; lumbar facet arthropathy with myofascial pain; lumbar fusion (1990's); status post fall injury with injury to the lumbar spine and evidence of left S1 radiculopathy; left shoulder, knee and ankle injury. He currently complains of persistent flare-ups of pain about the low back with pain and numbness radiating into bilateral lower extremities down to the feet, left worse than right with a pain level of 8 out of 10. His performance of some activities of daily living aggravates his pain. In addition he has a chronic infection and takes antibiotics. One of his treating provider's recommended a medication change from Norco to Percocet and adding Movantik for constipation. The injured worker reports functional improvement, pain reduction and improvement with his ability to perform activities of daily living with current medication regimen. He rates his pain as 6 out of 10 with medication and 9 out of 10 without medication. He uses a cane for ambulation. On physical exam of the low back and buttocks there was tenderness on palpation, muscle spasms, myofascial trigger points and Shingles, decreased range of motion and positive straight leg raise on the left. Treatments to date include Norco, Flexeril; spinal cord stimulator trial (2-19-13). In the 7-23-15 progress note the treating provider's plan of care included requests for Percocet 10-325mg #120 with no refills; Movantik 25mg #30 with no refills; Flexeril 10mg #40 with no refills. On 8-11-15 utilization review evaluated and non-certified the requests for Percocet 10-325mg #120 based on unclear documentation as to why Norco was being rotated to Percocet; Movantik 25mg #30 based on the injured worker using increased physical activity, appropriate

hydration, fiber rich diet which can reduce the chance and severity of opioid induced constipation; Flexeril 10mg #40 based on recommendation for short-term use and there was no documentation of acute low back pain, this injured worker has chronic low back pain. A progress note dated 8/31/15 pertains to denial of medications. Provider provides some rationale for prescription. This information was taken into account during medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Movantik 25mg #30 DOS: 07/3/2015 DS: 30: Upheld

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

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 (Chronic): Opioid-induced constipation treatment.

Decision rationale: Movantik (Naloxegol) is a new class of medication that was only approved for treatment of opioid induced constipation on 9/2014. As per MTUS chronic pain guidelines, patients on opioids are recommended to have prophylaxis against constipation but there are no details available. As per Official Disability Guidelines, multiple 1st line treatments are recommended before a 2nd line medication is recommended. Movantik is so new that there is no general information or guidelines available but documentation does not meet any criteria for use of such a new 2nd line medication. There is no documentation of failure any 1st line treatments. Provider did not document why this medication was needed over multiple other 1st line treatments. Movantik is not medically necessary.

Flexeril 10mg #40 DOS: 07/23/2015 DS: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication chronically. The number of tablets is not consistent with short term use. Cyclobenzaprine is not medically necessary.