

<b>Case Number:</b>	CM15-0092326		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	01/26/2012
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: New Jersey, Alabama,

California

Certification(s)/Specialty: Neurology, Neuromuscular 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 female, who sustained an industrial injury on 1/26/2012. She reported pain in her back while lifting a crate of milk. The injured worker was diagnosed as having lumbar strain, radicular complaints (buttocks and lower extremities), and herniated nucleus pulposus and L5-S1 degenerative disc disease. Treatment to date has included diagnostics, physical therapy, chiropractic, and medications. Many documents within the submitted medical records were difficult to decipher. Per the most recent progress report (5/2014), the injured worker complains of back pain, upper back and neck with spasms. Gastrointestinal complaints were not noted and current medications regime was not documented. Per the pain management consultation report (3/06/2014), her abdomen was soft and non-tender, with positive bowel sounds. She denied a history of gastrointestinal disorders. The progress reports did not discuss a request for Movantik.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Movantik 25mg quantity 30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000099/>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Opioid induced constipation treatment. (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Opioidinducedconstipationtreatment>).

**Decision rationale:** According to ODG guidelines, Movantik is recommended as a second line treatment for opioid induced constipation. The first line measures are: increasing physical activity, maintaining appropriate hydration, advising the patient to follow a diet rich in fiber, using some laxatives to stimulate gastric motility, and use of some other over the counter medications. It is not clear from the patient file that the first line measurements were used. Therefore the use of Movantik 25mg #30 is not medically necessary.