

Case Number:	CM14-0106029		
Date Assigned:	07/30/2014	Date of Injury:	12/20/2010
Decision Date:	08/29/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/09/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57-year-old male with a reported injury on 04/26/2001, secondary to moving a pressure washer. His diagnosis included postsurgical lumbar syndrome, back pain with muscle spasms and migraine headaches. Previous treatments were noted to include medications, physical therapy and lumbar spine surgery. The injured worker was evaluated on 06/12/2014 and reported significant pain in the lower back extending into the right lower extremity down to the toes. It was noted that he was progressing in a home exercise program. On physical examination, the injured worker had tenderness in the lumbar paraspinal musculature and decreased range of motion. Medications are Imitrex, Verapamil, Cozaar, Neurontin, Percocet and Narcosoft for opioid-induced constipation. The treatment plan on this date noted that the injured worker's prescriptions for Percocet, Gabapentin and Narcosoft would be refilled. The rationale for the prescription for Narcosoft indicated that the injured worker had gastrointestinal symptoms to include opioid-induced constipation. A Request for Authorization was submitted on 06/12/2014 for Narcosoft twice daily quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Narcosoft, bid quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 77.

Decision rationale: The California MTUS Guidelines state that prophylactic treatment of constipation should be initiated for injured workers taking opioid medications. As the injured worker's current medications were noted to include Percocet, there is sufficient evidence to warrant treatment for his opioid-induced constipation. However, there is a lack of documented evidence to indicate symptom relief or improvement in side effects with the injured worker's previous use of the requested medication. The request as written does not include a prescribed dosage, thus it cannot be determined that the requested medication has been prescribed in a safe and effective manner. The medical necessity has not been established. As such, the request for Narcosoft twice daily quantity 60 is not medically necessary and appropriate.