

Case Number:	CM14-0028876		
Date Assigned:	05/02/2014	Date of Injury:	04/19/2011
Decision Date:	10/07/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/21/2014

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 and Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 48-year-old individual was reportedly injured on 4/19/2011. The mechanism of injury was noted as a lifting injury. The most recent progress note, dated 10/11/2013, indicated that there were ongoing complaints of low back pain that radiated down bilateral lower extremities. The physical examination was handwritten and only partially legible and stated lumbar spine had positive straight leg raise bilaterally at 60. The patient had difficulty with heel/toe walk. Range of motion was with flexion 60, extension 10, right 15, and the left unable to be determined. No recent diagnostic studies are available for review. Previous treatment included right knee arthroscopy, medications, physical therapy, cortisone injections, and conservative treatment. A request had been made for Narcosoft #60, and was not certified in the pre-authorization process on 12/9/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Narcosoft # 60 take 3-4 capsules: Upheld

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

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

Decision rationale: MTUS guidelines support the use of stool softeners (i.e. Narcosoft) for prophylactic treatment of constipation when starting opiate therapy. After review of the medical records provided, there was no documentation of constipation noted. Furthermore, stool softeners are available as a generic over-the-counter product without a prescription. This request is not considered medically necessary.