

Case Number:	CM14-0045166		
Date Assigned:	07/02/2014	Date of Injury:	01/30/2007
Decision Date:	09/11/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/14/2014

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 43 year old male presenting with chronic pain following a work related injury on 01/30/2007. The claimant is status post postlaminectomy syndrome. The claimant also has history of lumbar back surgery, chronic intractable lumbar backache, neuropathic, radiulopathic pain and dependence on medications. The claimant complained of back pain and constipation. The claimant's medications included Norco, Nortriptyline, Senokot and Lyrica. The physical exam shoed painful restricted lumbar range of motion in all plains. The authorized treating physician recommended switching Senakot to Narcosoft for treatment of constipation. A claim was also made for an injection of Toradol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of Narcosoft #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, web "pain"- Medical Food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Medical Foods Other Medical Treatment Guideline or Medical Evidence: Physician Desk Reference.

Decision rationale: Trial of Narcosoft #60 is not medically necessary. Narcosoft "is not recommended. Narcosoft is a medical nutritional food supplement containing of a blend of soluble fibers and natural laxatives that may help to relieve symptoms of constipation. According to the Physician desk reference, the suggested use of Narcosoft is as a dietary supplement. It is not indicated for use medical use for constipation associated with opioids. Per ODG medical foods or dietary supplements are not indicated; therefore the requested medication is not medically necessary.

Toradol 60mg (IM injection): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: Torodal 60 mg (IM injection) is not medically necessary. Per MTUS guidelines page 67, NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document that the claimant had moderate to severe pain requiring treatment with a Toradol injection. Additionally, the lowest recommended initial dose is 30mg IM).The medication is therefore, not medically necessary.