

<b>Case Number:</b>	CM14-0065632		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/07/2003
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 Pain Management & Rehabilitation and is licensed to practice in California. 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:

This 45 year-old patient sustained an injury on 10/7/2003 while employed by [REDACTED]. Request(s) under consideration include Narcosoft 755mg capsule # 60. The report of 3/10/14 from the provider noted the patient with chronic ongoing cervical spine pain radiating down right arm associated with numbness and tingling; right shoulder pain radiating to shoulder blade. The exam of cervical spine showed tenderness at paraspinal muscles; decreased range of motion; positive Spurling's on right side; right shoulder with positive AC joint tenderness and positive Neer's/ Hawkin's/ O'Brien's. Treatment included topical compound and the patient remained off work. Request(s) for Narcosoft 755mg # 60 was non-certified on 4/25/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Narcosoft 755mg capsule, # 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid-Initiating Therapy and Long-term users of Opioids, pages 77 & 88: Prophylactic treatment of constipation should be initiated Long-term Users of Opioids (6-months or more) 1) Re-assess (e) Document adverse effects: constipation, nausea, vomiting, headache, dyspepsia, pruritis,

dizziness, fatigue, dry mouth, sweating, hyperalgesia, sexual dysfunction, and sedation. >Stool Softeners Brand names: Colace, Correctol Soft Gels, Diocto, Ex-Lax Stool Softener, Fleet Soft-Lax, Phillips' Liqui-Gels, Surfak Stool softeners are used on a short-term basis to relieve constipation by people who should avoid straining during bowel movements because of heart conditions, hemorrhoids, and other problems. They soften stools, making them easier to pass  
Page(s): 77 & 88.

**Decision rationale:** Narcosoft is a medical nutritional supplement containing soluble fibers and natural laxatives that may help relieve symptoms of constipation, a common side effect with opioid medications. The patient continues to treat for chronic symptoms for this chronic injury of 2003; however, reports have no notation regarding any subjective constipation complaints or clinical findings related to GI side effects. Although chronic opioid use is not supported, a medication to assist in the symptom of constipation may be provided for short-term relief as long-term opioid use is supported; however, submitted documents have not adequately addressed or demonstrated the indication of necessity for this nutritional supplement per guidelines criteria. The Narcosoft 755mg capsule # 60 is not medically necessary and appropriate.