

Case Number:	CM14-0078362		
Date Assigned:	07/18/2014	Date of Injury:	10/07/2003
Decision Date:	09/22/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/28/2014

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 Occupational Medicine 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:

The patient is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of October 7, 2003. Thus far, the patient has been treated with the following: analgesic medications; attorney representations; opioid therapy; topical compounds; earlier shoulder surgery; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated May 7, 2014, the claims administrator denied a request for Narcosoft, a laxative medication. The claims administrator stated that there was no evidence that the applicant was fiber deficient but did document, somewhat incongruously, that the patient was using Tramadol, a synthetic opioid. In a handwritten note dated December 4, 2013, the attending provider seemingly sought authorization for right shoulder autologous stem cell injections as well as a lumbar microdiscectomy. The patient was placed off of work, on total temporary disability. The medication list was not clearly stated. In a urine drug test report of February 18, 2014 and March 18, 2014, the patient was described as using Hydrocodone, Tramadol, Cyclobenzaprine, and Paroxetine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Narcosoft 755 mg, QTY: 60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain, Herbal Medicines and http://pec.ha.osd.mil/formulary_search_process.php?option=1&search=n.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Section, Narcosoft Product Description Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is indicated in patients using opioids. In this case, the patient appears to be using two separate opioid agents, Hydrocodone and Tramadol. Prophylactic provision of a laxative, Narcosoft, is indicated in the event the applicant develops constipation with opioids, as suggested on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request for Narcosoft 755mg Qty 60 is medically necessary.