

<b>Case Number:</b>	CM14-0081497		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	02/05/2008
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 47-year-old female who reported an injury on 02/05/2008, who worked as a forklift driver. As she was getting down from the forklift to pick up some boxes to put in the pallet, her foot got tangled on some plastic and she fell with her face forward. She sustained injuries to the left side of her neck, shoulder, left elbow, and the entire left upper extremity. The injured worker's treatment history included epidural steroid injections, psychology, evaluation, MRI, medications, x-rays, and electrodiagnostic study of the upper extremity. The injured worker was evaluated on 05/01/2014, and it was documented the injured worker continued with pain on the left side of her body. The arm was very sore. She stated that Prilosec was not helping her upset stomach. She did not get any relief with constipation medication. She stated Norco did help but caused her more constipation. She presented with shoulder pain, it was located on the left shoulder, and it was described as achy and constant. The symptom was ongoing. Physical examination of the left upper extremity shoulder there was glenohumeral joint tenderness, acromioclavicular joint tenderness and tenderness at subacromial space. Range of motion shoulder crepitus was decreased, abduction and adduction there was pain. Decreased external rotation with pain. Creased internal rotation with pain, shoulder extension pain and pain with shoulder extension. Tenderness noted at the cervical spine and decreased range of motion. Left palpation was tender at joint line. Right palpation was tender at joint line. There was decreased flexion on left crepitus decrease extension, right range of motion crepitus there was decreased deflection and pain with flexion and decreased extension. Medications included Norco 10/325 mg, Prilosec 20 mg, nacrocoa Narcosoft 755 mg, Nexium 40 mg, Lactulose. Diagnosis included cervical spinal stenosis in shoulder region disnec. The authorization for request or rationale was not submitted for this review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Narcosoft 755mg DOS: 04/03/2014:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence <http://enovachem.us.com/portfolio/narcosoft/>.

**Decision rationale:** The request it is not medically necessary. According to <http://enovachem.us.com/portfolio/narcosoft/> Narcosoft stated that this product was not intended to diagnose, treat, cure, or permit any diseases. According to <http://enovachem.us.com/portfolio/Narcosoft> medication has not been evaluated by The Food and Drug Administration. As such, the request for retrospective Narcosoft 755 mg date of service 04/03/2014 is not medically necessary.