MAXIMUS Federal Services

Case Number:	CM14-0095065		
Date Assigned:	07/25/2014	Date of Injury:	05/08/2013
Decision Date:	10/01/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/23/2014

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 Emergency 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 female with reported date of injury on 5/8/2013. Mechanism of injury is due to a slip and fall. Patient has a diagnosis of multilevel cervical disc herniation with central and foraminal stenosis, multilevel lumbar disc herniation with severe stenosis and L L5 radiculopathy. Medical reports reviewed shows the patient complains of low back pain radiating down her left leg. Patient also has neck pain radiating to both shoulders. Pain is 5-10/10. Pain worsens with movement. Objective exam reveals bilateral cervical and trapezius tenderness with decreased range of motion (ROM). Normal neuro and motor exam. MRI of cervical spine (9/23/13) reveals C4-5 4mm disc protrusion with moderate severe canal stenosis, C5-6 with 4mm disc protrusion with severe foraminal stenosis and C6-7 with 3mm disc bulge. MRI of lumbosacral spine(9/23/13) reveals L4-5 3mm disc protrusion with severe canal stenosis, L5-S1 with 4mm disc protrusion with severe canal stenosis and L3-4 with 1-2mm disc protrusion with moderate central stenosis. Independent Medical Review is for Norco 5/325mg #60, Neurontin 600mg #60 and Narcosoft #60. EMG/NCV (1/29/14) reveals L L5 radiculopathy. Prior UR 6/2/14 on recommended approval of Norco and Neurontin. It recommended non-certification of Narcosoft.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, #60.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Guidelines: Opioids Therapeutic Trail Of Opio.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Norco is acetaminophen and Hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation meets the appropriate documentation of criteria. Noted improvement in pain, no side effects and appropriate monitoring. Norco is medically necessary.

Neurontin 600mg, #60.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Anti-epilepsy Drugs Pag.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs(AEDs) Page(s): 18-19.

Decision rationale: Gabapentin (Neurontin) is an anti-epileptic drug with efficacy in neuropathic pain. The patient has documentation of neuropathic pains specifically radiculopathy confirmed by EMG. The continued use of Gabapentin for patient's radicular pain is medically necessary

Norosoft #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 Opioids Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://enovachem.us.com/portfolio/narcosoft/>

Decision rationale: Narcosoft is manufactured by [redacted]. It is an herbal supplement that has unknown substances in it and is not FDA approved. There is no information available on the manufacturer's website concerning ingredients or content of this supplement. As per MTUS Chronic pain and ACOEM Guidelines, constipation treatment or prophylaxis relates to patients undergoing opioid therapy. Patient should get constipation prophylaxis but this "supplement" has unknown substances in it and has not been appropriately assessed for safety or efficacy. Narcosoft is an unevidenced non-medicinal substance with unknown efficacy or safety profile and is not medically necessary.