

<b>Case Number:</b>	CM15-0107333		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	09/24/2003
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 61 year old female who sustained an industrial injury on 09/24/2003. Mechanism of injury occurred after having to use a different washer/dryer combination and loading laundry into the washer. She injured her low back and right hip. Diagnoses include lumbar degenerative disc disease, lumbago, thoraco-lumbar neuritis or radiculitis, vertigo-resolved, depression, spasm of muscle, and gastritis controlled. Treatment to date has included diagnostic studies, medications, physical therapy, chiropractic care, acupuncture, and use of a brace. There is an unofficial report of a Magnetic Resonance Imaging of the lumbar spine which revealed L1-2 5mm disc protrusion, which is increased in size from the last Magnetic Resonance Imaging. Her medications include Fenoprofen, Prilosec, topical creams, Theramine, Sentra AM and Sentra as needed. A physician progress note dated 04/23/2015 documents the injured worker complains of a flare up of low back pain with radiation down her right lower extremity. Her pain is a sharp, stabbing with a constant ache. She rates her pain as 4 out of 10 with medications. She has persistent right greater than left tenderness and spasms of the L3-5 paraspinal muscles. There is decreased lumbar spine range of motion. There is bilateral tenderness and spasms of the cervical and trapezius muscles. Treatment requested is for Narcosoft II capsules #60 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Narcosoft II capsules #60 with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment and Other Medical Treatment Guidelines <https://enovachem.us.com/product/narcosoft/>.

**Decision rationale:** Narcosoft is a stool softener and laxative. According to Enovachem website, the manufacture of Narcosoft, "Narcosoft is a Nutritional Supplement containing of a blend of soluble fibers and natural laxatives that may help to relieve symptoms of occasional constipation." Opioids can commonly cause constipation and treatment to prevent constipation is recommended. ODG states that first line treatment should include "physical activity, appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber" and "some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool." The treating physician does not document any attempts at first line therapy and does not document the results of the first line therapy. Additionally, the medical documents did not include complaints of bowel dysfunction and the patient's opioids have been discontinued. As such, the request for Narcosoft II capsules #60 with 3 refills is not medically necessary at this time.