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| Case Number: | CM15-0130848 | | |
| Date Assigned: | 07/28/2015 | Date of Injury: | 02/23/2009 |
| Decision Date: | 09/22/2015 | UR Denial Date: | 06/29/2015 |
| Priority: | Standard | Application Received: | 07/07/2015 |

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 55 year old female who sustained an industrial injury on 02/23/2009 resulting in injury to the thoracic and lumbar spines and coccyx after being hit and pinned between two vehicles. Treatment provided to date has included: removal of the coccyx (2011); physical therapy; lumbar facet joint injections (2015); medications; and conservative therapies/care. Diagnostic tests performed include: urine drug screen (01/2015) showing consistent results. There were no noted comorbidities or other dates of injury noted. On 06/19/2015, physician progress report noted complaints of low back pain. The pain was rated 4-5/10 in severity. Additional complaints included inability to control pain without medications and constipation with opioid use. Current medications include Docusate sodium, lidocaine patches, morphine sulfate, theramine, Sentra, and flurbiprofen topical cream. The injured worker reported that her pain is rated 7/10 prior to the use of lidocaine patches which is reduced to 4-5/10 after applying patch. The physical exam revealed inability to sit during visit and exam, use of assistive device with ambulation, stands with rocking motion, tenderness to the entire spinal column (cervical, thoracic and lumbar), tenderness to the coccyx and sacrum, tenderness and spasms to the bilateral L3-L5 paraspinal muscles, decreased range of motion in the lumbar spine, pain with extension of the back (localizing to the lumbar facet joints of bilateral L4-5 and S1), allodynia to bilateral legs, and decreased sensation bilaterally at the L4-S1 distributions. The provider noted diagnoses of lumbar disc disease, thoracic sprain, lumbar radiculopathy, and coccyx fracture. Plan of care includes continued medications, urine drug screen, membership for aquatic

exercises, and trail of H-wave unit. The injured worker's work status was noted as permanently disabled. The request for authorization and IMR (independent medical review) includes: urine toxicology screen and Narco soft capsule #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: 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 Drug Testing Section, Opioids Criteria for Use Section Page(s): 43, 112.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. In this case, although the injured worker is being treated with opioid pain medications, there is no indication that she is considered a high risk for abhorrent behavior or abuse. There was a urine drug screen completed in January, 2015 that was consistent with prescribed medications. Per the guidelines, for those patients at a low risk for abuse, urine drug screens should be completed once per year. The request for urine toxicology screen is determined to not be medically necessary.

Narco Soft Capsules #60 3 refills: Overturned

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, Criteria for Use Section Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Opioid-Induced Constipation Treatment Section and Other Medical Treatment Guidelines <https://enovachem.us.com/product/narcosoft/>.

Decision rationale: The MTUS guidelines and ODG do not address the use of Narcosoft for the treatment of opioid-induced constipation. The MTUS guidelines and the ODG do address the use of laxatives in general. Per manufacture information, Narcosoft is a Nutritional Supplement containing of a blend of soluble fibers and natural laxatives that may help to relieve symptoms of occasional constipation. The MTUS Guidelines recommends the prophylactic treatment of constipation when initiating opioid therapy. The ODG states that first line treatment for opioid induced constipation includes laxatives to help stimulate gastric motility, as well as other medications to help loosen hard stools, add bulk, and increase water content of the stool. The injured worker is noted be treated with opioid medications, and occassionally reports problems with constipation, therefore, the request for Narco Soft Capsules #60 3 refills is determined to be medically necessary.