

Case Number:	CM15-0141808		
Date Assigned:	07/31/2015	Date of Injury:	10/20/2014
Decision Date:	08/31/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/21/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 51 year old male, who sustained an industrial injury on 10-20-14. The injured worker was diagnosed as having left ankle sprain, oblique fracture of the distal fibula above the level of the lateral malleolus, associated tear of the anterior syndesmotic ligament, and tenosynovitis of the flexor hallucis longus. Treatment to date has included the use of an ankle splint, use of a cane, acupuncture, and medication. Physical examination findings on 6-30-15 included tenderness and slight swelling was present at the lateral malleoli and tenderness on the medial malleoli. Currently, the injured worker complains of left ankle pain. The treating physician requested authorization for Exoten-C lot pain rel #120 with 1 refill and Narcosoft cap herb lax #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exoten-C Lot Pain Rel #120 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Regarding the request for Exoten-C lotion, this topical compound is a combination of methyl salicylate, capsaicin, and menthol. CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect from this medication. Furthermore, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the topical treatment is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Exoten-C Lotion is not medically necessary.

Narcosoft Cap Herb Lax #60 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://enovachem.us.com/product/narcosoft/>.

Decision rationale: The CA MTUS, ODG, or ACOEM do not address narcosoft. Per the product website, Narcosoft is a Medical Nutritional Supplement containing of a blend of soluble fibers and natural laxatives that may help to relieve symptoms of constipation. This includes a proprietary blend of various laxatives. The suggested use of this product is "as a dietary supplement, take two (2) capsules daily with 10 ounces of water, juice, or beverage of choice. Do not exceed four (4) capsules daily." Within the submitted documentation, it is not clear why this anti-constipation agent was utilized as opposed to well known laxatives such as senna, colace, docusate or psyllium. Because this is not a product acknowledged by guidelines and with limited peer reviewed evidence to support its efficacy, it is not medically necessary.