MAXIMUS Federal Services

Case Number:	CM15-0189358		
Date Assigned:	10/01/2015	Date of Injury:	07/17/2004
Decision Date:	11/10/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/25/2015

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: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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 63 year old male with an industrial injury dated 07-17-2004. A review of the medical records indicates that the injured worker is undergoing treatment for left ankle pain, lumbar sprain, cervical sprain and reflex sympathetic dystrophy (RSD) left foot. According to the progress note dated 07-02-2015, the injured worker reported left ankle and foot, lower back and neck pain. Pain level was 8-9 out of 10 on a visual analog scale (VAS). Documentation noted no aberrant behaviors or adverse events. Objective findings (07-02-2015) revealed bilateral tenderness and spasm of the cervical and trapezius muscles, bilateral tenderness and spasms of the L3-5 paraspinous muscles, decreased cervical, lumbar, and left ankle range of motion. Abdominal exam findings were not included in report (07-02-2015). Treatment has included diagnostic studies, prescribed medications, dorsal column stimulator & revision with failure, and periodic follow up visits. The treatment plan included medication management. The treating physician prescribed NarcoSoft 100 mg BID #60 due to constipation from narcotics. The utilization review dated 08-26-2015, non-certified the request for NarcoSoft 100 mg BID #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

NarcoSoft 100 mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) laxatives.

Decision rationale: NarcoSoft is a type of laxative comprised of soluble fibers and natural ingredients. The components of the laxative are not specifically defined and thus are not recommended for use. There is no explanation for why a more conventional and FDA approved laxative is not utilized. The request for NarcoSoft 100 mg BID #60 is not medically appropriate or necessary.