

Case Number:	CM15-0081912		
Date Assigned:	05/04/2015	Date of Injury:	05/03/2005
Decision Date:	06/04/2015	UR Denial Date:	04/11/2015
Priority:	Standard	Application	04/28/2015

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 35 year old female who sustained an industrial injury on 05/03/2005. Diagnoses include neuropathic pain in the right ankle and foot, sympathetic mediated pain, constipation, muscle spasms, chronic pain, long-term use of medications, encounter for therapeutic drug monitoring and allodynia. She has a history of anxiety, depression, irritable bowel syndrome and nephrolithiasis. Treatment to date has included diagnostic studies, medications, removal of spinal cord stimulator and leads on 10/23/2014, home exercises, and sympathetic blocks. A physician progress note dated 04/01/2015 documents the injured worker is complaining of more radicular symptoms so she has difficulty walking on the right leg. She has more pain radiating to the right ankle. Sleep is poor. Her right ankle and foot pain is aching, burning, stabbing with paresthesia into the right lateral toes. She rates her pain as 7 out of 10 with medications and 10 out of 10 without medications. Her pain is constant. Examination of the right ankle shows decreased range of motion. Examination of the lumbar spine shows decreased range of motion. Extension is at 10 degrees, flexion is at 40 degrees and bilateral lateral bending s at 15 degrees and rotation is at 20 degrees. There is bilateral tenderness and spasms of the right L5 paraspinal muscles. Treatment requested is for Narcosoft #60 and Terocin patches #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Narcosoft #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Company website:
<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.

Terocin patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-3.

Decision rationale: Terocin Patch is a topical formulation consisting of Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. The Chronic Pain Medical Treatment Guidelines, on pages 111-113, specify that, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Regarding the use of topical non-steroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards or with the diminishing effect over another two-week period. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical lidocaine, guidelines the state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Guidelines further stipulate that no preparation of topical lidocaine except as Lidoderm patch is approved. Therefore, since this component is not recommended, the entire Terocin formulation is not medically necessary.