

Case Number:	CM15-0177083		
Date Assigned:	09/17/2015	Date of Injury:	02/25/2014
Decision Date:	10/22/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/09/2015

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: 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 49 year old male who sustained an industrial injury on 2-25-2014. A review of medical records indicated the injured worker is being treated for status post lumbar spine surgery with bilateral lower extremity radiculitis, mild SCS L3-4 per Ct and bilateral shoulder sprain strain, bilateral RC tendinopathy. Medical records dated 6-25-2015 noted bilateral ankle pain a 7-9 out of 10, left groin pain was a 6-7 out 10, lumbar spine pain was an 8 out 10, bilateral shoulder pain was 8-10 out 10, bilateral knee was an 8-10 out of 10. Cervical spine was noted an 8 out 10. Medical report dated 7-22-2015 noted cervical thoracic, lumbar, bilateral shoulders and bilateral knee an 8 out 10. Objective finding were unavailable. Treatment has included 6 visits of physical therapy, 6 visits of acupuncture, chiropractic care, and medications (Relafen since at least 2-18-2015). Utilization review form dated 8-6-2015 non-certified outpatient referral to ear, nose, and throat specialist, Relafen, and Narcosoft.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ear Nose and throat Specialist (ENT): Overturned

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, Initial Approaches to Treatment.

Decision rationale: As per ACOEM guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability. Patient has documented abnormal hearing test and has diagnosis of traumatic hearing loss and vestibular dysfunction by neurologist. A consult with ENT is medically necessary.

Relafen 500mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Relafen is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. Documentation completely fails to document appropriate response to medication and appropriate monitoring of side effects. Patient is also noted to have been on this medication for several months and refill is not consistent with short-term use. Chronic use of Relafen is not medically necessary. Therefore, the request is not medically necessary.

Narcosoft #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Narcosoft is manufactured by [REDACTED]. It is an herbal supplement that has unknown substances in it and is not FDA approved. There is no information available on the manufacturer's website concerning full list of ingredients or content of this supplement. As per MTUS Chronic pain and ACOEM Guidelines, constipation treatment or prophylaxis relates to patients undergoing opioid therapy. Patient should get constipation prophylaxis but this "supplement" has unknown substances in it and has not been appropriately assessed for safety or efficacy. It is unclear why this was "prescribed" when multiple well-supported constipation medications are readily available. Narcosoft is an un-evidenced non-medicinal substance with unknown efficacy or safety profile and is not medically necessary. Therefore, the request is not medically necessary.