

Case Number:	CM15-0073455		
Date Assigned:	04/23/2015	Date of Injury:	08/06/2007
Decision Date:	06/01/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/17/2015

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, 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 64 year old male, who sustained an industrial injury on 08/06/2007. He reported that he sustained continuous trauma due to daily work activities. The injured worker was diagnosed as having right carpal tunnel, right ulnar tunnel, and right ulnar neuropathy. Treatment to date has included home exercise program and medication regimen. In a progress note dated 01/26/2015 the treating physician reports hypersensitivity of the right ulnar distribution in the hand with a slightly swollen right wrist, a positive Tinel's sign on the right and a positive Phalen's sign bilaterally. The documentation provided did not contain the requests for Narcosoft with a quantity of 60 and Exoten C lotion 120gm with a quantity of 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Narcosoft quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://enovachem.us.com/portfolio/narcosoft/>.

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

Decision rationale: There are no applicable guidelines. The web site of the manufacturer, Enovachem, lists Narcosoft as a blend of psyllium, senna, flax, licorice, and captex. There is no information concerning efficacy and safety of Narcosoft on the web site. There are many readily available products that have a long history of use to treat constipation. Based upon the lack of evidence and experience supporting its use, this request for Narcosoft is not medically necessary.

Exoten C lotion 120gm, quantity 2: Upheld

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

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

Decision rationale: MTUS 2009 states that topical analgesics have limited evidence supporting efficacy and safety. Exoten is a proprietary topical agent without any significant experience of use or clinical trials demonstrating efficacy and safety. This request for Exoten does not adhere to MTUS 2009 and is not medically necessary.