

<b>Case Number:</b>	CM15-0099094		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	06/27/2004
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, 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 36 year old male, who sustained an industrial injury on 6/27/04. He reported immediate pain in low back with radiation down his legs. The injured worker was diagnosed as having lumbar discogenic disease at L4-5. Treatment to date has included physical therapy, acupuncture, oral medications including opioids, topical medications including opioid, home exercise program and activity restrictions. Currently, the injured worker complains of constant low back pain. He is currently totally disabled. Physical exam noted restricted range of motion of lumbar spine with low back pain going down both legs; the exam is unchanged from previous visit. A retrospective request for authorization was submitted for Narcosoft.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Norcosoft #60, DOS: 10/1/14, 10/13/14, 11/25/14, 12/22/14: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 77.

**Decision rationale:** The CA MTUS addresses chronic use of opioids, and in describing initiation of opioid therapy, prophylactic treatment of constipation is recommended. In this case, utilization review denied the use of Narcosoft as opioid use is not in an initial phase. In the opinion of this reviewer, however, adding a medication to prevent issues of constipation is reasonable. Therefore the request is considered medically appropriate based on the guidelines and provided documents.