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| <b>Case Number:</b>   | CM14-0056669 |                              |            |
| <b>Date Assigned:</b> | 07/09/2014   | <b>Date of Injury:</b>       | 05/20/2011 |
| <b>Decision Date:</b> | 08/08/2014   | <b>UR Denial Date:</b>       | 04/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/28/2014 |

### 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. The expert reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57-year-old female housekeeper sustained an industrial injury on 5/20/11, when she slipped and fell. The patient was status post left knee arthroscopic partial medial and lateral meniscectomy and chondroplasty on 8/12/11. She underwent right shoulder arthroscopic extensive debridement, biceps tenotomy, acromioclavicular joint resection, and subacromial decompression on 4/15/13. The 12/9/13 bilateral upper extremity EMG showed bilateral ulnar sensory mononeuropathy. The 4/1/14 treating physician report cited chronic neck, lower extremity, bilateral shoulder/arm, and bilateral knee pain. Constipation and abdominal pain had improved with use of Pantoprazole and Docusate. The physical exam was unremarkable. The treatment plan included Naproxen sodium 550 mg #90, take one every 12 hours and Docusate sodium 100 mg, take one every 12 hours.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Docusate Na 100 mg softgel; 1 tab Q 12 hours PRN for constipation #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: McKay SL, Fravel M, Scanlon C. Management of constipation.

Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend the initiation of prophylactic treatment of constipation when using opioids. The California Medical Treatment Utilization Schedule and the Official Disability Guidelines do not specifically address the use of stool softeners, such as Colace. The National Guidelines Clearinghouse includes guidelines that support the use of emollient laxatives, such as Colace, for the prevention of constipation. One of the most common laxative regimens recommended for patients with opioid-induced constipation is a stool softener plus a stimulant laxative (e.g., Colace plus senna). Guideline criteria have been met. The patient has been on chronic opioid therapy with complaint of constipation. The use of Docusate has improved the complaint of constipation. Therefore, this request for Docusate NA 100 mg Soft gel 1 tab Q 12 hours PRN for constipation #60 is medically necessary.

**Naproxen Na-anaprox 550 mg; 1 tab Q 12 hrs with food #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines state non-steroidal anti-inflammatory drugs (NSAID), such as Naproxen are indicated for short term lowest dosage treatment of symptoms associated with osteoarthritis and chronic back pain and as a second line option for acute exacerbations of chronic back pain. The Guidelines indicate that there is no evidence of long-term effectiveness for pain or function. NSAIDs are recommended at the lowest dose for the shortest period of time for patients with moderate to severe pain from osteoarthritis. This patient has been prescribed Naproxen 550 mg, one tab every 12 hours. The 4/10/14 modified this request for Naproxen 550 mg #90 to Naproxen 550 mg #60, consistent with the prescription for twice a day use. There is no compelling reason to support the medical necessity of an additional amount, given the current prescription. Therefore, this request for Naproxen NA-Anaprox 550 mg 1 tab Q 12 hours with food #90 is not medically necessary.