

<b>Case Number:</b>	CM15-0197424		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	08/20/2008
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 47 year old female who sustained an industrial injury August 20, 2008. According to a follow-up psychiatric consultation report dated August 26, 2015, (same reporting July 22, 2015, June 22, 2015) the injured worker presented with complaints of irritability and would like to receive group therapy and biofeedback which first started two years ago. She currently complains of anxiety and tension, depression and insomnia remains the same, memory and concentration are impaired, energy levels are low, and sexual activity is low due to pain and lack of interest. No complaints of constipation noted. Current medication included Klonopin, Trazodone, and Wellbutrin (since at least March 4, 2015). Mental status examination revealed; wearing a brace on the right wrist, though content less tense and dysphoric, no thought disorder, well focused; judgment and insight intact. Diagnoses are anxiety disorder, not otherwise specified; depressive disorder not otherwise specified; sprain unspecified site of wrist; trigger finger (acquired); carpal tunnel syndrome. At issue, is a request for authorization for retrospective (no date of service indicated) Casanthranol-Docusate Sodium (RFA noted January 7, 2015) and Naproxen. According to utilization review dated September 15, 2015, the requests for retrospective Naproxen Sodium 550mg tablet (30) day supply #60 and Casanthranol-Docusate Sodium for (15) day supply Quantity: 60 were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Naproxen sodium 550mg tab 30day supply #60: Upheld**

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

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

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over 6 months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Naproxen is not medically necessary.

**Retro Casanthranol/Docusate Sodium 15 day supply #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

**Decision rationale:** According to the MTUS guidelines, prophylaxis for constipation should be provided when initiating opioids. In this case, the claimant was not on opioids. In addition, there was no recent abdominal/rectal exam noting issues with constipation or stool. The use of laxatives is intended for short-term use. Continued use of Docusate is not medically necessary.