

<b>Case Number:</b>	CM14-0022977		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	06/09/1981
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic foot and low back pain reportedly associated with cumulative trauma at work first claimed on June 9, 1981. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy and physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated February 14, 2014, the claims administrator partially certified Valium, seemingly for weaning purposes, and also partially certified Doc-Q-Lace, a laxative. Despite the fact that the MTUS obliquely addressed the request for laxative, the claims administrator cited alternate guidelines. In a progress note dated February 12, 2014, the applicant was described as having persistent multifocal pain complaints. The applicant was using Relafen, Valium, Norco, and Doc-Q-Lace, the laxative. The applicant exhibited an antalgic gait. The applicant was severely obese with a BMI of 37. The applicant was given refills of a variety of medications, including Valium, which the applicant was reportedly using one and a half tablets nightly, Norco, Relafen, and Doc-Q-Lace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF VALIUM 10MG, #45 WITH 3 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, anxiolytic medications such as Valium are not recommended for chronic or long-term use purposes but, rather, are endorsed for short periods, in cases of overwhelming symptoms, to afford an applicant with an opportunity to recoup emotional psychological resources. In this case, the attending provider is seemingly suggesting that the applicant employ Valium on a nightly, scheduled basis. This is not indicated, appropriate, or supported by ACOEM. Therefore, the request is not medically necessary.

**PRESCRIPTION FOR DOC-Q-LACE 100MG, #60 WITH 6 REFILLS:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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; Oct.2009, page 51(44 references).

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

**Decision rationale:** TAs noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is indicated in applicants who are using opioids. In this case, the applicant is using opioid therapy in the form of Norco. Concurrent provision of a laxative, Doc-Q-Lace, is indicated. Therefore, the request is medically necessary.