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| <b>Case Number:</b>   | CM15-0039472 |                              |            |
| <b>Date Assigned:</b> | 03/09/2015   | <b>Date of Injury:</b>       | 08/17/1992 |
| <b>Decision Date:</b> | 04/10/2015   | <b>UR Denial Date:</b>       | 02/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/02/2015 |

### 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: Emergency 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 65-year-old male who sustained an industrial injury on 08/14/1992. Current diagnoses include chronic pain state, Gastroesophageal reflux disease (GERD)/dyspepsia, and anxiety/depression/insomnia. Previous treatments included medication management and psychotherapy. Report dated 12/30/2014 noted that the injured worker presented with complaints that included neck, shoulders, arms, back, legs, and feet pain. The injured worker was previously taking Metamucil, but it was causing too much gas. The physician noted that the injured worker needs this medication due to medication-induced constipation. Physical examination was positive for abnormal findings. The treatment plan included request for urine drug screen, hydrocodone/APAP, Fiber-con tabs, Atenolol, HCTZ, carisoprodol, dorzolamide HCL, Flector patches, Folbic, Lipitor, Lisinopril, Lyrica, Miralax, paroxetine HCL, ranitidine, Viagra, Voltaren gel, and Zolpidem.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fibercon 625mg #540:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Clinical practice guidelines for management of opioid therapy for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

**Decision rationale:** The requested Fibercon 625mg #540, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, July 18, 2009, Opioids, criteria for use, Page 77, noted in regards to opiate treatment that opiates have various side effects, that include serious fractures, sleep apnea, hyperalgesia, immune suppression, chronic constipation, bowel obstruction and that Prophylactic treatment of constipation should be initiated, but do not recommend long-term use of bulk laxatives as they may exacerbate constipation. The injured worker has neck, shoulders, arms, back, legs, and feet pain. The treating physician has documented medication-induced constipation unrelieved by Metamucil. The treating physician has not documented functional improvement from its use and medical necessity despite negative guideline recommendations. The criteria noted above not having been met, Fibercon 625mg #540 is not medically necessary.