

<b>Case Number:</b>	CM15-0124804		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	11/23/1999
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: New York  
 Certification(s)/Specialty: Internal 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 51 year old male, who sustained an industrial injury on 11/23/1999. The mechanism of injury to the low back is unclear. The injured worker was diagnosed as having lumbar disc displacement, lumbar radiculopathy. Treatment to date has included medications, urine drug testing, lumbar surgery, emergency room treatment, and x-rays. The request is for Metamucil, and Valium. The records indicated he has been utilizing Valium since at least May 2012, possibly longer. On 6/8/2015, he complained of low back pain, stiffness, and numbness in the legs, paravertebral muscle spasms, and radicular pain in the left leg. He also complained of bilateral leg weakness, and hip pain. He rated his leg pain 7/10 and low back pain 6/10. The provider noted he had continued to have benefit from medications, and there is no evidence of drug abuse, diversion or aberrant behavior, and no adverse drug reactions reported. The provider documented that a urine drug screen dated 1/26/2015, was within normal limits, and that the injured worker attains about a 50% improvement in pain with medications. He indicated his back pain was increased following a fall. He was seen in the emergency department following this fall. His current medications included: Valium, Norco, Morphine Sulfate ER, Lisinopril, and Aspirin. He is noted to have "allergies" to Ultram, NSAIDs, and Elavil. The history and physical information noted that he was generally well with a previous medical history including anxiety. Physical examination revealed anxiety, and his constantly shaking his leg during conversation. He is noted to have heartburn, and was negative for other gastrointestinal symptoms. The treatment plan included: Valium, Norco, Morphine Sulfate ER, Viibryd, and Gabatril.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown prescription of Metamucil:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95. Decision based on Non-MTUS Citation Drugs.com.

**Decision rationale:** Per Drugs.com, Metamucil (psyllium), is a fiber laxative. Per the CA MTUS guidelines, prophylactic treatment of constipation should be initiated with the long term utilization of opioids. Documentation shows the injured worker has a history of long term opioid use, thus establishing the medical necessity for Metamucil to treat opioid related constipation. The request for Unknown prescription of Metamucil is medically necessary.

**Valium 5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids, weaning of medication.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** Per MTUS, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Their use should be limited to 4 weeks. Documentation reveals that the injured worker has been prescribed this medication for a longer duration of time with no significant improvement in function. The request for Valium 5mg is not medically necessary, by MTUS.