

Case Number:	CM13-0021029		
Date Assigned:	10/11/2013	Date of Injury:	10/31/2008
Decision Date:	01/16/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	09/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain 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 physician 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.

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 patient is a 71-year-old female who reported an injury on 10/31/2008. The patient is currently diagnosed with cervical spondylosis, myalgia and myositis, rotator cuff syndrome, and neuropathy. The patient was recently seen by [REDACTED] on 09/04/2013. The patient complained of diffuse cervical and lumbar pain. Physical examination revealed decreased range of motion, diffuse bilateral tenderness of the trapezius and infrascapular, decreased range of motion of the lumbar spine, paraspinous muscle tenderness, and an antalgic gait. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lactulose 10gram/15ml BID #60 No Refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Guideline Clearinghouse

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioid-induced constipation treatment.

Decision rationale: California MTUS Guidelines state, prior to initiation of opioid therapy, a prophylactic treatment of constipation should also be initiated. Official Disability Guidelines state opioid-induced constipation treatment is recommended under specific indications. First line

treatment includes increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet which is rich in fiber. In addition, some laxatives may help to stimulate gastric motility. Other over the counter medication can help loosen otherwise hard stool, add bulk, and increase water content of the stool. As per the clinical notes submitted, there is no evidence of a gastrointestinal condition that would require treatment with this medication. There is no mention of chronic constipation. Additionally, there is no evidence of a failure to respond to first line therapy. There is also no evidence of a failure to respond to over the counter medication as recommended by Official Disability Guidelines. Based on the clinical information received, the request is non-certified.