

Case Number:	CM13-0070539		
Date Assigned:	01/03/2014	Date of Injury:	10/22/2008
Decision Date:	08/18/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/24/2013

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:

This is a 56-year-old male with a 10/22/08 date of injury. He slipped on some grease and fell, sustaining a lumbar strain, left knee injury and right shoulder and elbow injury. According to a 12/17/13 progress note, the patient complained of left knee pain. He stated the he is unable to each much at one time without nausea. His pain score was an 8/10 on a pain scale of 0-10 without pain medications and a 4/10 with pain medications. Objective findings were limited to the patient's vital signs. Diagnostic impression: lumbar sprain and strain, cervical and thoracic sprain and strain, right elbow medical epicondylitis, right shoulder sprain and strain/tendinitis, myofascial syndrome, neuropathic pain, chronic pain syndrome, chronic pain-related insomnia, chronic pain-related depression. Treatment to date: medication management, activity modification, surgery, physical therapy A UR decision dated 12/4/13 modified the request for lactulose 15 ml to lactulose up to one 473 ml bottle.

IMR ISSUES, DECISIONS AND RATIONALES

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

LACTULOSE 15ML: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/mtm/lactulose.html>.

Decision rationale: CA MTUS and ODG do not address this issue. An online search identifies lactulose as a type of sugar that is broken down in the large intestine into mild acids that draw water into the colon, which helps soften the stools. It is used to treat chronic constipation. A previous UR decision dated 12/4/13 certified the request for lactulose to a quantity of up to 473 ml. According to the rationale provided in the UR decision, it is documented that the patient has a history of opioid induced constipation, which appeared well-controlled with the use of Lactulose as well as Senokot. It is also noted that the patient has continued to be prescribed Norco, an opioid analgesic. In addition, it is documented in a 9/24/12 progress note that the patient discontinued Colace because it was not helping with his constipation. Furthermore, it is also noted in several reports reviewed that the patient is being prescribed Lactulose in a quantity of 473 ml. Therefore, the request for 1 Prescription for Lactulose 15ml was medically necessary.