

Case Number:	CM14-0001511		
Date Assigned:	01/10/2014	Date of Injury:	02/01/2005
Decision Date:	06/05/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/04/2014

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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 58 year old female with a date of injury on 2/1/2005. Diagnoses include lumbar radiculopathy, right knee internal derangement, status post right total knee arthroplasty, right rotator cuff tear, myofascial syndrome, insomnia, and depression/anxiety. Subjective complaints are of neuropathic pain in the right leg, that is worse with coughing. Pain was rated 10/10 without medications and 3-5/10 with medications. Physical exam revealed elevated blood pressure. Medications include Norco, Pamelor, Prilosec, Lactulose, Lidoderm, and Zanaflex. Documentation identifies that Lactulose was used for constipation secondary to opioid use and was helpful in relieving symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF LACTULOSE 10GM/15ML: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MANAGEMENT OF OPIOID THERAPY FOR CHRONIC PAIN WORKING GROUP. VA/DoD CLINICAL PRACTICE GUIDELINE FOR MANAGEMENT OF OPIOID THERAPY FOR CHRONIC PAIN. WASHINGTON (DC): DEPARTMENT OF VETERANS AFFAIRS, DEPARTMENT OF DEFENSE; 2010 MAY. 159P.

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: FDA: LACTULOSE WWW.DRUGS.COM

Decision rationale: The California MTUS and the Official Disability Guidelines do not offer specific recommendations for the use of lactulose. Prescribing information recommends Lactulose for the treatment of constipation, in patients with a history of chronic constipation. In this case, submitted documentation indicates that patient had chronic constipation due to opioid use. Therefore, the request for Lactulose 10 gm/15ml is medically necessary and appropriate.