

Case Number:	CM14-0008234		
Date Assigned:	02/12/2014	Date of Injury:	10/21/2007
Decision Date:	07/30/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/22/2014

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 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:

The patient is a 46-year-old male who has submitted a claim for lumbalgia, cervical pain, thoracic pain, and hip pain associated with an industrial injury date of 10/21/2007. Medical records from 2013 were reviewed. The patient complained of cervical and lumbar pain, graded 7-8/10 in severity, described as aching, burning, and shooting. The patient also reported of upper back stiffness with radicular pain towards bilateral upper extremities. The physical examination showed tenderness at paracervical and paralumbar muscles. There were triggering and ropey fibrotic banding. Spurling's maneuver and maximal foraminal compression test were positive. Gait was antalgic. Treatment to date has included cervical surgery, epidural steroid injections, and medications such as Cymbalta, DSS sodium, felodipine, gabapentin, HCTZ, hydrocortisone, lactulose, levothyroxine, Lidoderm patch, Linzess, lisinopril, MS Contin, Norco, and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

LACTULOSE 10GM/15ML 45 ML BID 3 BOTTLES WITH 1 REFILL: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Lactulose).

Decision rationale: As stated on page 77 of the CA MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated with opioid treatment. According to FDA, Lactulose solution is indicated for the treatment of constipation. In this case, patient had been on chronic opioids, hence Lactulose was likewise given. Although there were no reports of constipation, this medication is indicated while patient is still on opioid therapy. Therefore, the request for Lactulose 10 MG/15 ML 45 ML 2 Times a Day, 3 bottles with 1 refill is medically necessary.