

Case Number:	CM14-0009182		
Date Assigned:	02/14/2014	Date of Injury:	09/04/2010
Decision Date:	06/24/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/23/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports 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 injured worker is a 28-year-old male who reported an injury on 09/04/2010. The mechanism of injury was not provided in the clinical documentation. The clinical note dated 12/04/2013 reported the injured worker complained of low back pain. The injured worker was prescribed Norco, lactulose, Omeprazole, Methadone, Capsaicin cream, and Tylenol. Upon physical examination, the provider noted tenderness across the lumbar spine. The provider also noted some tightness of the paralumbar musculature, especially on the left. The provider noted the injured worker was unable to bend over and tie his shoes. The injured worker had diagnoses of chronic low back status post surgery, insomnia, symptoms of erectile dysfunction, and symptoms of depression. The provider requested lactulose solution 10 gm/15 ml over 31 days. The Request for Authorization was not submitted in the documentation provided. Additionally, the rationale was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LACTULOSE SOL 10GM/15ML OVER 31 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 74-95

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, criteria for use, Initiating Therapy Page(s).

Decision rationale: The request for lactulose solution 10 gm/15 ml over 31 days is not medically necessary. The injured worker complained of low back pain. The injured worker is on multiple opioid medications include Norco and Methadone. The Chronic Pain Medical Treatment Guidelines, recommend prophylactic treatment of constipation should be initiated for injured workers on opioid therapy. There was lack of documentation indicating the injured worker complained of constipation. Additionally, the request did not provide the quantity of the medication and the frequency of the medication. Therefore, the request for lactulose solution 10 gm/15 ml over 31 days is not medically necessary.