

Case Number:	CM14-0111036		
Date Assigned:	08/01/2014	Date of Injury:	01/21/2003
Decision Date:	10/16/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/16/2014

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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 records presented for review indicate that this 56-year-old gentleman was reportedly injured on January 21, 2003 due to falling from a ladder. The most recent progress note, dated June 17, 2014, indicates that there are ongoing complaints of neck pain, low back pain, left knee pain, and right foot pain. Current medications include Norco, Colace, and Ambien. Colace was stated not to be helpful with the injured employees constipation. The physical examination stated that there were no significant changes. Diagnostic imaging studies of the lumbar spine revealed an annular tear at L5 - S1, and disc bulges at L3 - L4 and L4 - L5 with right sided L5 nerve root involvement. Previous treatment includes left knee arthroscopic surgery and right foot surgery. A request had been made for Lactulose solution and was not certified in the pre-authorization process on July 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF LACTULOSE SOLUTION 10GM/15ML: Overturned

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

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.nlm.nih.gov/medlineplus/druginfo/meds/a682338.html>

Decision rationale: The previous utilization management review dated July 7, 2014, did not certify the request for lactulose solution and stated that it was not medically necessary as a previous request for Norco was also not stated to be medically necessary. However the most recent progress note dated June 17, 2014, indicates that Norco is still being prescribed. The injured employee has complaints of constipation which are not controlled with Colace. Considering this, the request for Lactulose Solution is medically necessary.