

<b>Case Number:</b>	CM14-0152010		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	12/24/2003
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 Internal 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 53 year old female who was injured on 12/23/2014. The mechanism of injury is unknown. Prior treatment history has included physical therapy, home exercise program, and lumbar epidural steroid injection on 08/07/2014. She underwent L3-L4 and L4-L5, and L5-S1 anterior complete discectomy; L3-L4, L4-L5, and L5-S1 anterior lumbar interbody fusion with application of rigid segmental internal fixation; intraoperative use of neurological monitoring on 02/20/2014. Progress report dated 08/04/2014 states the patient presented with complaints of continued pain. On review of systems, the patient noted constipation, heartburn, stomach pain, and nausea. According to the UR, the patient was taking Colace as a stool softener secondary to taking opioids. The recommendation for this patient is Lactulose. Prior utilization review dated 08/18/2014 states the request for Lactulose is denied due to lack of documented evidence.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lactulose:** Upheld

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

**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 guidelines recommend lactulose as an option to treat constipation when conservative therapy has failed. The clinical documents stated the patient has tried fiber supplementation and hydration without relief. Lactulose is a reasonable option to treat the patient's constipation at this point. However, there was no dose or frequency of lactulose provided. It is unclear if the patient will be using the medicine as scheduled dosing or as necessary. Based on the guidelines and criteria as well as the clinical documentation stated above, the request of Lactulose is not medically necessary and appropriate.