

Case Number:	CM14-0054069		
Date Assigned:	07/07/2014	Date of Injury:	11/13/2001
Decision Date:	09/05/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/23/2014

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 and is licensed to practice in Nevada. 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 59-year-old female who was reportedly injured on November 13, 2001. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated March 12, 2014, is incomplete and begins on page 10. There is no documentation regarding the injured employee's mechanism of injury, previous treatment, current complaints, physical examination, objective studies, diagnosis, and treatment plan. A request was made for magnesium and lactulose and was not certified in the pre-authorization process on April 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNESIUM 400 MG DAILY QUANTITY : 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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/a601074.html>.

Decision rationale: Magnesium is prescribed for some patients to relieve heartburn, sour stomach, or acid indigestion. It may also be used as a short term laxative or as a dietary

supplement when there's not enough magnesium in the diet. The medical record does not indicate that the injured employee has any of these conditions. Therefore, this request for magnesium is not medically necessary

LACTULOSE; 30 CC DAILY; 500 CC TOTAL BOTTLE QUANTITY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN CHAPTER.

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: Lactulose is a synthetic sugar used to treat constipation as well as used to reduce the amount of ammonia in the blood of patients with liver disease. The medical record does not indicate that the injured employee has either of these conditions. Therefore, this request for lactulose is not medically necessary.