

Case Number:	CM14-0064187		
Date Assigned:	07/11/2014	Date of Injury:	12/09/2006
Decision Date:	09/08/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/07/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 62-year-old male with a 12/9/06 date of injury. The request on 4/14/14 for authorization regarding Lactulose 20grams/30milliliters oral solution #900 plus four (4) refills, there is documentation of subjective persistent pain and weakness in the right wrist. No objective findings were found. The current diagnoses include; complex regional pain syndrome and wrist fracture. Treatment to date includes; physical therapy, injections, and medications. Ongoing therapy with opioids and lactulose was documented. In addition, medical reports identify that the patient denies medication side effects. There is no documentation of a condition/diagnosis (with supportive clinical findings) for which Lactulose solution is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lactulose 20grams/30milliliters oral solution #900 plus four (4) refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus Drug Information.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment

Guidelines Criteria for use of opioids; Initiating therapy Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid Induced Constipation (<http://www.drugs.com/pro/lactulose.html>); (http://www.medscape.com/viewarticle/427442_5).

Decision rationale: The Expert Reviewer's decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that "when initiating opioid therapy, prophylactic treatment of constipation should be initiated." MTUS identifies that "any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services." ODG identifies that "opioid-induced constipation is a common adverse effect of long-term opioid use. Medical Treatment Guideline identifies documentation of a condition/diagnosis (with supportive clinical findings) for which Lactulose solution is indicated (such as: constipation; history of chronic constipation; and/or opioid-induced constipation), as criteria necessary to support the medical necessity of Lactulose. Within the medical information available for review, there is documentation of diagnoses of complex regional pain syndrome and wrist fracture (closed)." In addition, there is documentation of ongoing opioid therapy. However, given documentation that the patient denies medication side effects, there is no documentation of a condition/diagnosis for which Lactulose solution is indicated. Therefore, based on guidelines and a review of the evidence, the request for Lactulose 20grams/30milliliters oral solution #900 plus four (4) refills is not medically necessary.