

Case Number:	CM14-0186959		
Date Assigned:	11/17/2014	Date of Injury:	06/29/2000
Decision Date:	01/05/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/10/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 29, 2000. In a Utilization Review Report dated October 21, 2014, the claims administrator failed to approve a request for lactulose, a laxative agent. Non-MTUS Guidelines from drugs.com were endorsed. The applicant was described as using a variety of opioid agents, including Norco and Duragesic, in the text of the Utilization Review Report, it was incidentally noted. The applicant's attorney subsequently appealed. In an October 15, 2014 progress note, the applicant reported ongoing complaints of low back and left wrist pain. Norco and Desyrel were renewed. The applicant's complete medication list included Norco, Nexium, Lidoderm, Lyrica, Lunesta, lactulose, Prozac, Colace, Skelaxin, and Nucynta, it was acknowledged. Work restrictions were endorsed, although it did not appear that the applicant was working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lactulose 946ml: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed Health: LactuloseDrugs.com at <http://www.drugs.com/mtm/lactulose.html>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy section Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, the prophylactic treatment of constipation should be initiated in applicants in whom opioids are prescribed. Here, the applicant was in fact using several opioid agents, including Duragesic and Norco on or around the date in question. Concomitant provision with a laxative agent, lactulose, was indicated to thwart any issues with constipation which may have arisen as a result of ongoing opioid usage. Therefore, the request was medically necessary.