MAXIMUS Federal Services

Case Number:	CM14-0190091		
Date Assigned:	11/21/2014	Date of Injury:	06/29/2000
Decision Date:	01/12/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/14/2014

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 neck and wrist pain reportedly associated with an industrial injury of January 14, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; Electrodiagnostic testing of May 12, 2005, notable for a mild sensory polyneuropathy, median neuropathy, and possible cervical radiculopathy; wrist splinting; and long interacting opioids. In a Utilization Review Report dated October 21, 2014, the claims administrator failed to approve a request for lactulose. Full text of the Utilization Review Report was not, however, provided. The applicant's attorney subsequently appealed. In an October 15, 2014 progress note, the applicant reported persistent complaints of low back, neck, and wrist pain, 9/10. The applicant was apparently using both Norco and Duragesic for pain relief. Lactulose was also one of the applicant's medications. Multiple medications were refilled, including Norco and Desyrel. Permanent work restrictions were renewed. It was stated that applicant was, however, retired at age 69.

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: Decision based on MTUS Chronic Pain Treatment Guidelines.

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, prophylactic treatment of constipation should be initiated in applicants using opioids. Here, the applicant is using two separate opioids, Duragesic and Norco. Prophylactic provision of lactulose, a laxative agent, is indicated to combat any issues with opioid-induced constipation which might have arisen here. Therefore, the request was medically necessary.