

Case Number:	CM15-0106425		
Date Assigned:	06/10/2015	Date of Injury:	03/29/1996
Decision Date:	07/16/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male who sustained an industrial injury on 03/29/1996. The injured worker was diagnosed with chronic low back pain, lumbar post laminectomy syndrome and lumbar/lumbosacral intervertebral disc degeneration. The injured worker underwent bilateral foraminotomy and L5-S1 fusion in September 1996 with removal of hardware in October 1997, anterior fusion of L5-S1 in September 1998, L3-L4 Intradiscal Electrothermic therapy in June 1999, L3-L4 and L4-L5 fusion in May 2002, resection of a heterotrophic bone bridge on October 2, 2005 complicated by post-surgical infection with debridement on October 16, 2005, irrigation and debridement of post-surgical infection in November 2009 and right knee arthroscopy on March 2, 2015. Treatment to date includes diagnostic testing with recent lumbar magnetic resonance imaging (MRI) on March 16, 2015, lumbar epidural steroid injection, multiple lower back surgeries, transcutaneous electrical nerve stimulation (TEN's) unit, massage, psychological counseling, physical therapy and medications. According to the primary treating physician's progress report on April 13, 2015, the injured worker continues to experience mid and low back pain that radiates down both legs. The injured worker also reports groin pain, right hip and left knee pain. The injured worker rates his pain level at 10/10 and constant. Current medications are listed as Morphine Sulfate ER 30mg, Ibuprofen, Soma and Lidoderm patches. Treatment plan consists of Morphine Sulfate with weaning over 6 months and Lactulose 10 gm/ 15 ml, with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lactulose 10 gm/ 15 ml oral solution, with 3 refills, take daily #1: Overturned

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

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

Decision rationale: The patient presents with low back pain and constipation. The current request is for Lactulose 10mg /15ml oral solution, with 3 refills, take daily #1. The report with this request was not provided for review. The treating physician states in the report dated 1/25/15, "Assessment/Plan: Chronic Constipation, Low Back Pain." (28B) Lactulose is an oral medication for the treatment of constipation. The MTUS guidelines support the use of Prophylactic treatment for patients taking opiate medications. In this case, the treating physician currently has the patient taking Norco and Morphine, both are opiate medications which may cause constipation. The current request is medically necessary.