

Case Number:	CM15-0182427		
Date Assigned:	09/23/2015	Date of Injury:	12/24/2003
Decision Date:	11/03/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/16/2015

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, Massachusetts
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 54 year old female who sustained an industrial injury December 24, 2003. Past history included status post L3-S1 fusion February, 2014. Diagnoses are lumbar spine sprain, strain with bilateral radiculopathy; bilateral hip trochanter bursitis secondary to altered gait; bilateral sacroiliac joint sprain; gastrointestinal bleeding, constipation secondary to medication use; coccygodynia. According to a handwritten primary treating physician's progress report dated June 23, 2015, the injured worker presented with complaints of low back pain, rated 8-9 out of 10, with bilateral leg pain, left greater than right. Objective findings included; lumbar spine-tenderness to palpation bilateral paravertebral muscles with spasm and guarding; positive straight leg raise bilaterally; patchy hypoesthesia. Treatment plan included a request for aquatic therapy for flare-up of low back pain and consideration for injection for hardware pain. A primary treating physician's handwritten progress report dated July 30, 2015, revealed the injured worker presented with low back pain with left lower extremity numbness and tingling and decreased left lower extremity strength. Objective findings included; tenderness to palpation-bilateral sacroiliac joint, bilateral facets, bilateral paravertebral muscles; positive straight leg raise, left; hypoesthesia left lower extremity. Some handwritten notes are difficult to decipher. At issue, is the request for authorization, dated July 30, 2015, for Colace and Lactulose. According to utilization review dated August 25, 2015, the request for Colace is non-certified. The request for Lactulose is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace (unknown dosage, open prescription): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, opioids.

Decision rationale: Colace is a stool softener used to treat opioid related constipation. However this medication was prescribed without a set dosage and without a set time frame. Without a specific dosage, frequency and duration of treatment the prescription as it is requested is not medically necessary and depending on the dosage may not be appropriate.

Lactulose (unknown dosage, unknown frequency, open prescription): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, opioids.

Decision rationale: Lactulose is a stool softener used to treat opioid related constipation. However this medication was prescribed without a set dosage and without a set time frame. Without a specific dosage, frequency and duration of treatment the prescription as it is requested is not medically necessary and depending on the dosage may not be appropriate.