

Case Number:	CM15-0184736		
Date Assigned:	09/25/2015	Date of Injury:	07/10/2014
Decision Date:	10/30/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/21/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 53-year-old male, who sustained an industrial injury on 7-10-14. The documentation on 7-31-15 was handwritten; it appears that the injured worker has complaints of right hip pain that was interfering with his activities of daily living. There is decrease range of motion. The diagnoses have included sprain and strain of the hip and thigh. Treatment to date has included lactulose and norco. The original utilization review (9-11-15) non-certified the request for lactulose 15 centimeter every day #480 millimeter. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lactulose, 15cc qc #480ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - Online version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Internal Medicine 2014:Lactulose.

Decision rationale: Guidelines recommend lactulose in the treatment of chronic constipation and hepatic encephalopathy. In this case, the patient had constipation related to opioid use. There are numerous other options to treat constipation and there is no specific indication for treatment with lactulose. The request for lactulose #480 ml is not medically necessary and appropriate.