

<b>Case Number:</b>	CM15-0193764		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	11/03/2002
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 62 year old female sustained an industrial injury on 11-3-02. Documentation indicated that the injured worker was receiving treatment for chronic low back pain with lumbar degenerative disc disease, right sciatic pain, depression and insomnia. Recent treatment consisted of medication management. In a progress note dated 8-24-15, the physician stated that the injured worker had been having chronic abdominal pain and nausea for the past several months. The physician documented that abdominal ultrasound (6-10-14) showed progressive biliary tree dilatation and possible pancreatic duct dilatation, pancreatic head mass and or ampullary lesion should be considered. The injured worker reported that abdominal computed tomography (6-16-14), showed "some sort of vascular problem." The injured worker also complained of ongoing chronic low back pain with radiation to the right lower extremity. Current medications included Opana ER, Oxycodone, Senna, Colace, Trazodone, Zoloft and Benazepril. The injured worker reported that she occasionally took Lactulose as needed for constipation. Attempts at tapering pain medications had been unsuccessful due to elevations in blood pressure. Physical exam was remarkable for tenderness to palpation to bilateral lumbar paraspinal regions with positive right straight leg raise, diffuse tenderness to palpation about the right knee with some slight swelling. The treatment plan included continuing current medications. On 9-21-15, Utilization Review modified a request for Lactulose 10g per 15ml with no refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lactulose 10g.15ml with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Registered Nurses' Association of Ontario (RNAO). Assessment and management of pain. Toronto (ON): 2013 Dec 101p.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The request is for lactulose, which is a stool softener. It is an emollient laxative, which works by increasing the water content of the stool. Lactulose is primarily used to prevent constipation in patients recovering from surgery to prevent straining that may be harmful to the patient. Stool softeners are commonly prescribed to patients who experience constipation secondary to opioid usage. In this case, the patient has opioid-induced constipation. The request for one prescription is appropriate, however ongoing use is contingent upon pain reduction and functional improvement, so the request for refills cannot be approved. Therefore, the request is not medically necessary or appropriate.