

Case Number:	CM15-0025840		
Date Assigned:	02/19/2015	Date of Injury:	08/19/2010
Decision Date:	04/07/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/11/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 female, who sustained an industrial injury on August 19, 2010. She has reported a low back and lower extremity injury. The diagnoses have included chronic lumbosacral sprain/strain. Treatment to date has included medications, laboratory evaluations, aqua therapy, acupuncture, physical therapy, transcutaneous electrical nerve stimulation, and lumbar epidural steroid injections. Currently, the IW complains of worsened lumbar pain with flexion, lateral bending, and twisting. She reports the pain is sharp and burning with radiation into the left buttock and down the left leg into the foot. The records indicate she has been prescribed Lactulose and Laxacin for opioid induced constipation. She indicates constipation is improved with Lactulose and Laxacin. Her pain is rated 4/10 with medications, and 9/10 without medications. Physical findings reveal tenderness in the low back area, range of motion flexion 60 degrees, extension 15 degrees, right lateral flexion 15 degrees, and left lateral flexion 15 degrees, and a positive Faber on the right side. On January 20, 2015, Utilization Review non-certified Lactulose 10g/15ml, 15 to 30 ml every day as needed, quantity #300ml, and Laxacin 50/8.6mg as needed, quantity #200. The MTUS and ODG guidelines were cited. On February 10, 2015, the injured worker submitted an application for IMR for review of Lactulose 10g/15ml, 15 to 30 ml every day as needed, quantity #300ml, and Laxacin 50/8.6mg as needed, quantity #200.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lactulose 10g/15ml, 15-30 ml every day PRN #300ml: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Constipation.

Decision rationale: According to the documents available for review, the patient has failed conservative treatment for constipation as required by the ODG, Therefore, at this time; the requirements for treatment have been met. The request for medical necessity of Lactulose 10g/15ml, 15-30 ml every day PRN #300ml has been established.

Laxacin 50/8.6mg, PRN #200: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Laxacin.

Decision rationale: According to the documents available for review, the patient has failed conservative treatment for constipation as required by the ODG, Therefore, at this time, the requirements for treatment have been met. The medical necessity for Laxacin 50/8.6mg, PRN #200 has been established.