

Case Number:	CM15-0059612		
Date Assigned:	04/06/2015	Date of Injury:	12/31/1991
Decision Date:	05/04/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/30/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 year old female, who sustained an industrial injury on 12/31/1991. The mechanism of injury is not indicated in the available records. The injured worker was diagnosed as having complex regional pain syndrome of right lower extremity, low back pain, complex regional pain syndrome bilateral upper extremities; bilateral carpal tunnel syndrome status post left carpal tunnel release, and right knee arthritis. Treatment to date has included medications, paravertebral sympathetic block, orthovisc injections, urine drug screening. The request is for Lactulose. On 3/16/2015, Utilization Review non-certified Lactulose, indicating the records indicate opioid medications are being weaned. The treatment plan included: appeal made for request of paravertebral sympathetic block at L2, L3, and L4, Methadone 10mg dose decreased from 10 per day to 7 per day, an appeal is made for the modification of Methadone, and request for urine drug screening, and Lexapro and Lactulose. On 3/11/2015, she was seen for pain of the right lower extremity, which she rated as 8/10 on a pain scale. She reported having 75% pain relief following lumbar paravertebral sympathetic blocks on 4/17/2014. Following the decrease in Methadone dose she noticed an increase in her pain of the right knee and right lower extremity with a 50% decrease in her activities. She reported having a resolution to her constipation with the use of Lactulose.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lactulose, quantity 4 liters: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic)-Opioid Induced constipation treatment.

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

Decision rationale: Lactulose, quantity 4 liters is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that when initiating opioids prophylactic treatment of constipation should be initiated. The documentation indicates that the patient's opioids medications are recommended to be weaned therefore this medication is not medically necessary.