

Case Number:	CM14-0119975		
Date Assigned:	08/08/2014	Date of Injury:	06/30/1996
Decision Date:	10/14/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 30, 1996. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; facet joint injections; other interventional spine procedures; opioid therapy; TENS unit; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated July 24, 2014, the claims administrator denied a request for lactulose, a laxative agent. Non-MTUS guidelines were employed. The claims administrator, somewhat incongruously, acknowledged that the applicant was using MS Contin, an opioid agent. In a July 10, 2014, progress note, the applicant reported persistent complaints of low back pain radiating to the left leg, 6 to 8/10. The applicant's medication list includes Arthrotec, MS Contin, Norco, Provigil, Lidoderm, lactulose, soma, Ativan, and Prilosec. Contrary to what was suggested by the claims administrator, the attending provider did state that applicant was using lactulose on as needed basis for constipation. Several medications were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lactulose oral 10gm/15ml syr 16 oz.: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Thompson Micromedex LactuloseFDA Lactulose

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

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is endorsed in applicant's using opioid therapy. In this case, the applicant is, in fact, using several opioid agents, namely MS Contin and Norco. Prophylactic provision of a laxative agent, lactulose, is therefore indicated. Accordingly, the request is medically necessary.