

Case Number:	CM15-0177247		
Date Assigned:	09/17/2015	Date of Injury:	08/31/1999
Decision Date:	10/20/2015	UR Denial Date:	08/29/2015
Priority:	Standard	Application Received:	09/09/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old male, who sustained an industrial injury on August 31, 1999. The injured worker was diagnosed as having multilevel cervical spine facet syndrome, cervical spine chronic pain syndrome, cervicogenic headaches, and status post spinal cord stimulator implantation with revision surgeries. Treatment and diagnostic studies to date has included laboratory studies, physical therapy, acupuncture, trigger point injections, cervical epidural steroid injections, medication regimen, at least two radiofrequency rhizotomies, medial branch blocks, peripheral nerve stimulation, placement of an internal pulse generator, and magnetic resonance imaging of the cervical spine. In a progress note dated August 17, 2015 the treating physician reports complaints of pain to the neck that radiates to the bilateral shoulders with the left greater than the right, pain to the left rhomboid and left trapezius muscles, and constant headaches that increase or decrease depending on the type of activity. Examination performed on August 17, 2015 was revealing for tenderness to the bilateral cervical paraspinal muscles with the left greater than the right and tenderness to the trapezius and rhomboid muscles with the left greater than the right. On August 17, 2015 the injured worker's current medication regimen included Oxycodone, Oxycodone ER, Hydromorphone, Flexeril, Lyrica, Modafinil, Dronabinol, Clonazepam, Fioricet, Duloxetine, Tylenol ES, and Lactulose. The treating physician noted the use of Lactulose due "mild" constipation. The injured worker's pain level was rated a 5 out of 10 with the use of his medication regimen and rates the pain a 10 out of 10 without the use of his medication regimen with 50% "improvement" of pain and greater than 50% "improvement" in function with the use of his current medication regimen as noted on

August 17, 2015. The progress note from August 17, 2015 also noted that with the use of his medication regimen he is able to work full time along with traveling for work. The progress note from July 20, 2015 noted the injured worker's pain level to be 5 out of 10 with the use of his medication regimen and 10 out of 10 without the use of his medication regimen. The injured worker has been on the medications Tylenol ES and Lactulose since at least July 20, 2015. On August 17, 2015 the treating physician requested the medications of Tylenol 500 mg with a quantity of 270 for headaches and pain and Lactulose 10g-15ml, 30 ml with a quantity of 6 for constipation. On August 28, 2015 the Utilization Review determined the requests for Tylenol 500 mg with a quantity of 270 and Lactulose 10-15ml, 30 ml with a quantity of 6 to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol 500 mg #270: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen.

Decision rationale: Per MTUS and ACOEM Guidelines, Acetaminophen is a first-line recommended treatment for chronic pain and during acute exacerbations for osteoarthritis of the joints and musculoskeletal pain; however, there is concern for hepatotoxicity with overdose causing acute liver failure. Long-term treatment of Tylenol is also not warranted without demonstrated functional improvement. Submitted documents show the patient with acute pain, able to function and work full time with use of medication. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is indication the patient is able to have some benefit; however, functional benefit is required prior to further consideration or weaning process needs to be considered. At this time, the Tylenol 500 mg #270 is medically necessary and appropriate.

Lactulose 10g/15ml 30 ml #6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Opioid-induced constipation treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: Lactulose is a synthetic disaccharide in solution form for oral or rectal administration and is a colonic acidifier for treatment and prevention of portal-systemic encephalopathy, including the stages of hepatic pre-coma and coma not identified here.

Lactulose is a synthetic sugar used in the treatment of constipation and hepatic encephalopathy, a complication of liver disease. It is broken down in the colon into products that pull water out from the body and into the colon. This water softens stools. Lactulose is also used to reduce the amount of ammonia in the blood of patients with liver disease. It works by drawing ammonia from the blood into the colon where it is removed from the body. The patient has reported mild constipation. Submitted reports have not demonstrated clear clinical findings and diagnosis for this medication nor identified functional benefit from treatment already rendered since at least July 2015. The Lactulose 10g/15ml 30 ml #6 is not medically necessary and appropriate.