

<b>Case Number:</b>	CM15-0064277		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	07/27/2011
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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 50 year old male injured worker suffered an industrial injury on 07/27/2011. The diagnoses included chronic prostatitis, chronic bilateral groin pain, and post-traumatic stress disorder. The injured worker had been treated with medications. On 3/17/2015, the treating provider reported pelvic/groin pain, left elbow and right upper extremity pain. He stated the pain was 10/10 without medications and 7/10 with medications. He stated he pretty much lies in the side posture throughout the day but with medications, he is able to get up and go to the restroom and has minimal activities. He reported the side effects of the medications were constipation and some nausea. The treatment plan included Colace and Lactulose.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colace 100mg quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

**Decision rationale:** Colace 100mg quantity 120 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 does not indicate that opioids were deemed medically necessary on prior peer review therefore the request for Colace is not medically necessary.

**Lactulose, 1 bottle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Lactulose, 1 bottle 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 does not indicate that opioids were deemed medically necessary on prior peer review therefore the request for Lactulose is not medically necessary.