

<b>Case Number:</b>	CM15-0096252		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	08/25/2011
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: Preventive Medicine, Occupational 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 52 year old male, who sustained an industrial injury on 08/25/2011. He has reported subsequent low back and bilateral lower extremity pain and was diagnosed with lumbosacral spondylosis and lumbar spinal stenosis. Treatment to date has included oral pain medication, chiropractic therapy, application of heat and cold, physical therapy and a home exercise program. In a progress note dated 01/05/2015, the injured worker complained of low back pain radiating to the right greater than left lateral thigh and right plantar foot with numbness and tingling in the right posterior thigh, dorsal foot and right great and second toes. Objective findings were notable for tenderness to palpation of the bilateral paraspinal muscles and decreased sensation to light touch in the entire right calf and right foot. A request for authorization of Lactulose and Docusate Sodium was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lactulose 10grm/15ml oral solution 473ml with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/lactulose.html>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Section Initiating Therapy Section Page(s): 111.

**Decision rationale:** MTUS Guidelines recommend the following in regard to initiating opioid therapy: (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated. The injured worker had a prescription for Lactulose 10gm/15ml with 1 refill filled on 4/23/15. This request appears to be a duplicate request, and an additional prescription is not necessary. The request for Lactulose 10gm/15ml oral solution 473ml with 1 refill is not medically necessary.

**Docusate Na 100mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/docusate.html>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Section Initiating Therapy Section.

**Decision rationale:** MTUS Guidelines recommend the following in regard to initiating opioid therapy: (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated. The injured worker had a prescription for Docusate Na 100mg #60 with 5 refills filled on 4/23/15. This request appears to be a duplicate request and an additional prescription is not necessary. The request for Docusate Na 100mg #60 is not medically necessary.