

Case Number:	CM15-0098535		
Date Assigned:	05/29/2015	Date of Injury:	10/21/2007
Decision Date:	07/03/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47-year-old male, who sustained an industrial injury on 10/21/2007. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include chronic neck pain, cervical disc herniations, chronic thoracic pain with degenerative changes, chronic low back pain with disc herniation, and disc protrusion. He is status post hip replacement in 2014. Treatments to date include medication management and physical therapy. Currently, he complained of pain in the neck, low back with radiation into bilateral arms and bilateral legs. Pain was rated 7/10 VAS in the neck and the back. On 4/13/15, the physical examination documented an antalgic gait favoring the left side. There was tenderness in the cervical spine with muscle spasms and triggering. There were positive Spurling's maneuver and positive compression tests bilaterally. The lumbar spine revealed tenderness with positive FABER maneuver and myofascial pain with triggering. The plan of care included Lactulose solution 10GM/15ml syrup with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lactulose SOL 10gm/15 Syrup #4 3 bottles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment.

Decision rationale: The claimant sustained a work injury in October 2007 and continues to be treated for repeat neck and low back pain. Medications include MS Contin and Norco. Colace and lactulose are being prescribed. When seen, medications are referenced as decreasing pain and as without side effects. The claimant's past medical history and review of systems are negative for gastrointestinal problems. Physical examination findings included a slightly antalgic gait. The claimant's BMI is nearly 45. Guidelines recommend treatment due to opioid-induced constipation, which is a common adverse effect of long-term opioid use and can be severe. In this case, whether the claimant has constipation due to opioids is unknown as is his response to the Colace being prescribed or to other treatments that would be expected to be effective for this side effect. Therefore, Lactulose cannot be considered as medically necessary.