

Case Number:	CM14-0105190		
Date Assigned:	09/16/2014	Date of Injury:	12/09/2011
Decision Date:	11/19/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/08/2014

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 Physical Medicine and Rehabilitation 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 underlying date of injury in this case is 12/09/2011. On 06/04/2014, the patient was seen in primary treating physician followup regarding bilateral shoulder pain with numbness and tingling of the hands. Diagnoses included left shoulder acromioclavicular osteoarthritis, degenerative disc disease in the cervical spine, and cervical stenosis. The treating physician reported that the patient was utilizing Norco. An initial physician review in this case reports that lactulose is recommended prophylactically with long-term opioid usage, but Norco was noncertified in a separate review. Therefore, the reviewer concluded that, even though the treating physician reported a complaint of constipation, lactulose was not necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lactulose 15-30cc, #1 Pint: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/7035543> The laxative effects of lactulose in normal and constipated subjects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, initiating therapy Page(s): 77.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids, initiating therapy, page 77, recommends proper laxative treatment of constipation at the initiation of opioid use. In this case such treatment of constipation is needed, not only prophylactically, but for actual constipation reported by the treating physician due to opioid use. The prior physician review notes that Norco was discontinued and, thus, concludes that lactulose would not be needed. However, opioid-related constipation is not necessarily resolved immediately with discontinuation of opioid use. Continuation of treatment with a laxative and titration of that laxative to avoid constipation is necessary, just as is a gradual titration of the opioid itself. For this reason, the request for lactulose is supported by the treatment guidelines. This request is medically necessary.