

<b>Case Number:</b>	CM14-0102018		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/21/2011
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Family Practice 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:

28 yr. old male claimant sustained a work injury on 10/21/11 involving the low back. He was diagnosed with lumbar spine herniated nucleus pulposus with radiculopathy and underwent a lumbar spine discectomy. He also had a history of hypertension. A progress note on 4/9/14 indicated the claimant had continued back and left hip pain. He had undergone therapy and continued to have positive nerve root test findings on the right side. HE was recommended to undergo a functional restoration program. A subsequent request on 5/21/14 was made for Colox 750 mg daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colox 750 mg #90:** 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, Medical food.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Medical Foods.

**Decision rationale:** Colox details are not specified but is likely a medical food used to treat irritable bowel. According to the ODG guidelines, medical foods are only recommended for

dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. The indication for Colox use is not specified in the clinical notes and therefore its use is not medically necessary.