MAXIMUS Federal Services

Case Number:	CM14-0020303		
Date Assigned:	02/21/2014	Date of Injury:	08/22/2012
Decision Date:	07/24/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/19/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 36-year-old female who has submitted a claim for lumbar sprain associated with an industrial injury date of August 22, 2012.Medical records from 2013 were reviewed. The patient complains of low back pain rated 8/10 radiating to the bilateral shoulders; bilateral leg pain radiating to the bilateral feet; and bilateral hand pain rated 8/10. Physical examination revealed an antalgic gait; tenderness over the cervical and lumbar paraspinal muscles; bilateral cervical and lumbar trigger point myospasms; straightening of the cervical and lumbar lordotic curve; positive Spurling's test on the left; positive Phalen's and Tinel's tests at the bilateral wrists; and sensory deficits bilaterally from C4 to C8. The diagnoses include cervical spine strain/sprain; lumbar spine strain/sprain; bilateral trigger point myospasms; left thoracic outlet syndrome with bilateral plexopathy; and constipation, resolved medications. Treatment plan includes a request for Colox.Treatment to date has included oral analgesics, chiropractic manipulation, electrical stimulation, acupuncture, bracing and trigger point injection.Utilization review from January 21, 2014 denied the request for Colox 750mg #90 because indications such as incomplete or infrequent bowel movements or irritable colon were not present.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLOX 750 MG #90 TAKE ONE FOR THREE TIMES A DAY AS NEEDED: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WebMD Website.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Diagnoplex, Fighting Cancer Earlier: Colox (http://www.diagnoplex.com/company_about_us_en.html).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, Diagnoplex, Fighting Cancer Earlier: Colox was used instead. Online search revealed that Colox, is a minimally-invasive blood test developed for the systematic screening of colorectal cancer. The gene signature underlying Colox has been designed to detect early and advanced disease stages with outstanding results and reliability. In this case, the patient was prescribed Colox on July 2013. However, there was no discussion regarding presence of risk factors for colorectal cancer in this patient. There was no compelling rationale that would warrant a screening test for colorectal cancer at this time. The medical necessity has not been established. Moreover, online searches show that Colox is a medical laboratory kit. No search results were found regarding oral preparations under the same propriety name. Therefore, the request for COLOX 750 MG #90 TAKE ONE FOR THREE TIMES A DAY AS NEEDED is not medically necessary.