

Case Number:	CM15-0169023		
Date Assigned:	09/09/2015	Date of Injury:	12/29/2003
Decision Date:	10/13/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/27/2015

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: Emergency 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 59-year-old male, who sustained an industrial injury on December 29, 2003. The diagnoses have included left lower quadrant abdominal pain, chronic diarrhea, disorders of the sacrum, thoracic compression fracture and constipation. The injured worker was noted to be permanent and stationary. The current work status was not identified. Current documentation dated July 7, 2015 notes that the injured worker reported low back pain and pain in both shoulders. The pain was rated a 6 out of 10 on the visual analogue scale with medications. Examination of the lumbar spine revealed spasms and guarding. Range of motion was decreased. A straight leg raise test was negative. The injured worker denied gastrointestinal symptoms, including constipation, heartburn, nausea, abdominal pain, black tarry stools or throwing up of blood. Treatment and evaluation to date has included a colonoscopy, sigmoid colon biopsy (11-26-2014), lumbar radiofrequency ablation (2-10-2015), home exercise program, physical therapy, lumbar MRI (4-1-2014), electro diagnostic studies of the lower extremities, lumbar medial branch blocks and a urine drug screen. The sigmoid colon biopsy revealed moderate chronic active colitis with acute cryptitis. Current medications include Lidoderm 5% patches, Thermacare Heatwrap, Colace, Polyeth Glydol, Protonix, Baclofen, Canasa, Asacol HD DR (prescribed since at least February of 2015), Biofreeze, Lunesta, Norco, Capsaicin cream, Florastor, Neurontin, baby Aspirin and Atorvastatin. The treating physician's request for authorization dated July 7, 2015 included a request for Asacol HD DR 800 mg # 180. The original Utilization Review dated July 20, 2015 modified the request to Asacol HD DR 800 mg #30 (original request #180). The treating surgeon recommend Asacol HD DR 1 tablet daily. Utilization Review modified the request due lack of documentation of the medical necessity of Asacol HD DR 2 tablets daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Asacol HD DR 800mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.guideline.gov/content.aspx?id=38323&search=colitis>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Asher Kornbluth, David B. Sachar and The Practice Parameters Committee of the American College of Gastroenterology, Ulcerative Colitis in Adults, Am J Gastroenterol 2010;105:500.

Decision rationale: This independent medical review will review this request solely on the medical merits on the case. It is unclear how patient's Ulcerative Colitis relates to claimed injury but that issue is not relevant to this review. No information regarding ulcerative colitis is available in MTUS guidelines or Official Disability Guidelines. As per guidelines published by the American College of Gastroenterology, asacol is an appropriate medication for the treatment of this disease. However, the requested number of tablets is not appropriate. Patient takes this medication once a day and the number of tablets requested would give the patient 6-months worth of medications. While patient's disease is chronic and not likely to suddenly resolve, the excessive prescription would not allow appropriate regular reassessment of the efficacy and side effects of this medication. 6months of Asacol is not medically necessary. Utilization Review is not to have approved 1months of Asacol.