MAXIMUS Federal Services

| Case Number: | CM13-0034341 | | |
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| Date Assigned: | 12/06/2013 | Date of Injury: | 06/01/1998 |
| Decision Date: | 02/28/2014 | UR Denial Date: | 10/01/2013 |
| Priority: | Standard | Application Received: | 10/15/2013 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in the District of Columbia. 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 physician 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:

[redacted] was a 68 year old female who had employment related injuries from May 1979 to June 1998 while performing usual and customary duties as an administrative specialist for [redacted]. The claimant complained of body pain, chronic fatigue, sleeping problems, pain and swelling in the right index finger, neck pain, bilateral pain in scapular, shoulder, elbow and wrist/hand regions, and pain in the upper and lower back. She had a past medical history of diabetes mellitus, high blood pressure and tachycardia. She was diagnosed with bilateral carpal tunnel syndrome in 1998 and subsequently had multiple procedures done in bilateral upper extremities and a surgery in cervical spine. She underwent neck surgery on October 23, 2008 consisting of anterior/posterior discectomy and fusion at C5-6 with some improvement. On August 31, 2009 she underwent left shoulder arthroscopic surgery. On August 30,2010 she underwent right shoulder surgery. On August 17, 2011 she underwent elbow surgery. On February 29, 2012 she underwent right elbow surgery. Her history also included DeQuervain's synovitis causing pain in the right wrist, and trigger fingers of the first and second digits. On September 3, 2013, she was seen by the treating provider. She was noted to have total body pain, chronic fatigue and problem sleeping. She also reported morning gel phenomenon for minutes, and no new joint swelling. She reported that her index finger in the left hand was painful and swollen. On examination she was noticed to have a swollen right index finger, a normal neurologic examination, no new joint swelling, and no RA deformities. Her diagnosis included myalgia, myositis, gouty arthropathy,and the treatment plan included topical Colcrys for the index finger, repeat labs in one month, Zyloprim and Flurbiprofen. A request was made for Uloric, Colcrys and laboratory studies.â¿¿

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Colcrys 0.6 mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Diagnosis and Treatment of Gout, Robert G. Smith, DPM, MSc, RPh, CPed Disclosures; US Pharmacist. 2009;34(5):40-47.

**Decision rationale:** : According to the evidence cited above, there are four clinical stages of gout. [23] At serum urate concentrations greater than 6.8 mg/dL, urate crystals may start to deposit. Hence, the first stage of gout is known as asymptomatic hyperuricemia. During this first period, urate deposits may directly contribute to organ damage. After sufficient urate deposits have developed around a joint and some traumatic event triggers the release of crystals into the joint space, a patient will suffer an acute gout attack and move into the second stage, known as acute gouty arthritis. During this second stage, acute inflammation in the joint caused by urate crystallization and crystal phagocytosis is present. This episode is known as a "flare" and is self-resolving and likely to recur. The interval between acute flare gout attacks with persistent crystals in the joints is the third stage and is known as an intercritical period. When crystal deposits continue to accumulate, patients develop chronically stiff and swollen joints leading to the final stage-- advanced gout, which includes the long-term complications of uncontrolled hyperuricemia characterized by chronic arthritis and tophi. The nodular mass of uric acid crystals is described as a tophus and is characteristically deposited in different soft tissue areas of the body in gout. This advanced stage of gout is uncommon because it is avoidable with interventional therapy. In cases of acute gout, Colcrys is indicated. There is no documentation of tophaceous deposits or hyperuricemia. There are no documented uric acid levels. There is no documentation regarding acute gouty arthropathy. Hence a request for Colcrys is not medically necessary based on review of the medical records.

**Uloric 80mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR guidelines for Gout Management.

**Decision rationale:** The Physician Reviewer's decision rationale: Per ACR guidelines indications for pharmacologic ULT (uric acid lowering therapy) are tophi on examination, frequent attacks of acute gout (more than 2 per year), CKD stage 2 or worse and past urolithiasis. Both Allopurinol and Febuxostat are indicated as first line agents to decrease the uric acid level to below 6mg/dL. In refractory cases of gout, upward titration of 1 XOI to maximum dose. Febuxostat can be substituted for allopurinol or vice versa in the event of drug intolerance and adverse events. In this case, the medical records show no evidence of worsening gout, tophi or

other evidence to suggest refractory gout. There is also no uric acid level documented. Her symptoms are not typical for an acute gouty arthritis. She was already on Allopurinol. Documentation is not clear as to why this needed to be switched to Uloric or Febuxostat. Hence the medical necessity for Uloric is not met.

**Laboratory studies:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Claims Administrator based its decision on the fact that specifc laboratory tests were not requested, therefore the medical necessity for laboratory studies cannot be determined.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Physician Reviewer based his/her decision on the Medical Evidence.

**Decision rationale:** The Physician Reviewer's decision rationale: The MTUS guidelines recommends using laboratory testing like CMP, liver function testing and CBC testing while using NSAIDs for treating chronic pain. In this case there is no documentation on the names of the lab tests being requested in the medical records or the reason why they are being ordered. Hence the request for unknown lab tests doesn't meet guidelines for medical necessity.