

Case Number:	CM14-0132540		
Date Assigned:	08/22/2014	Date of Injury:	05/15/2009
Decision Date:	09/25/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/19/2014

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 Preventive Medicine 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:

According to the records made available for review, this is a 47-year-old male with a 5/15/09 date of injury. At the time (6/30/14) of the request for authorization for Allopurinol 300mg #30 with 5 refills, there is documentation of subjective (some difficulty with gouty attacks in his right big toe and his right knee) and objective (1/4 effusion of the right knee anteriorly with erythema and warmth, there is hyperpigmentation of the right first MTP joint with low-grade warmth when compared to the left) findings, current diagnoses (orthopedic low back injury 2009, status post multiple surgeries with considerable residual pain; chronic use of nonsteroidal anti-inflammatory agents; weight gain; hypertension; periodic abnormal liver function studies as a function of weight, and gout), and treatment to date (medication including anti-inflammatories).

IMR ISSUES, DECISIONS AND RATIONALES

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

Allopurinol 300mg #30 with 5 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: <http://www.drugs.com/pro/allopurinol.html>.

Decision rationale: MTUS and ODG do not address the issue. Medical Treatment Guideline identifies documentation of signs and symptoms of primary or secondary gout (acute attacks, tophi, joint destruction, uric acid lithiasis, and/or nephropathy); management of patients with leukemia, lymphoma and malignancies who are receiving cancer therapy which causes elevations of serum and urinary uric acid levels; or patients with recurrent calcium oxalate calculi whose daily uric acid excretion exceeds 800 mg/day in male patients and 750 mg/day in female patients, as criteria necessary to support the medical necessity of Allopurinol. Within the medical information available for review, there is documentation of diagnoses of orthopedic low back injury 2009, status post multiple surgeries with considerable residual pain; chronic use of nonsteroidal anti-inflammatory agents; weight gain; hypertension; periodic abnormal liver function studies as a function of weight, and gout. In addition, there is documentation of signs and symptoms of primary or secondary gout. Therefore, based on guidelines and a review of the evidence, the request for Allopurinol 300mg #30 with 5 refills is medically necessary.