

Case Number:	CM14-0096809		
Date Assigned:	07/28/2014	Date of Injury:	01/13/2012
Decision Date:	09/29/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/25/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for low back pain, anemia, cough, adjustment disorder, and alleged coccidiomycosis reportedly associated with an industrial injury of January 13, 2012. In a Utilization Review Report dated June 10, 2014, the claims administrator denied a request for allopurinol, citing drugs.com. The rationale was extremely sparse. The claims administrator simply stated that adequate records were not available to establish the medical necessity of the drug at issue. The applicant's attorney subsequently appealed. On July 18, 2014, the attending provider stated that he was intent on embarking upon a trial of allopurinol and colchicine to relieve multiple arthralgias. The source of the applicant's multiple arthralgias was not clearly identified, however. The applicant was given a variety of diagnoses and alleged diagnoses, including knee pain, low back pain, wrist pain, arthritis/arthropathy, shoulder pain, nephritis, coccidiomycosis, cough, etc. The remainder of the file was surveyed. The applicant appeared to be off of work, on total temporary disability, as suggested on a progress note dated March 21, 2014. In a rheumatology consultation dated February 27, 2014, the attending provider stated that the applicant potentially could have a gouty arthropathy. The rheumatologist did allude to an elevated creatinine level of 1.4 on November 20, 2013 and an elevated uric acid level of 8.9.

IMR ISSUES, DECISIONS AND RATIONALES

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

Allopurinol (strength unknown), qty 60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.drugs.com/pro/allopurinol.html#LINK_a434cca7-c53a-484a-a232-2ef281cee61.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Allopurinol Medication Guide.

Decision rationale: The MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), allopurinol (Zyloprim) is indicated in the management of signs and symptoms of primary or secondary gout. In this case, the applicant's treating providers have posited, albeit incompletely, that the applicant does have signs and symptoms of multifocal gouty arthropathy. The applicant did have a laboratory-confirmed elevated serum uric acid level of 8.9, it was suggested, in November 2013. As suggested by the treating provider, a trial of allopurinol (Zyloprim) to ameliorate issues with gouty arthropathy is therefore indicated. Accordingly, the request is medically necessary.