

Case Number:	CM15-0160663		
Date Assigned:	08/27/2015	Date of Injury:	11/27/1989
Decision Date:	09/29/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/17/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 (IW) is a 71 year old male who sustained an industrial injury on 11-27-1989. The mechanism of the injury is not found in the records reviewed. The injured worker was diagnosed as having: Atherosclerosis of native arteries of the extremities with intermittent claudication; Other peripheral vascular disease, Status postsurgical aortocoronary bypass; Unspecified peripheral vascular disease; Chronic combine systolic and diastolic heart failure; Unspecified acute kidney failure; Morbid obesity; State 3 chronic kidney disease; Unspecified site acute myocardial infarction; Episode of care unspecified; Hemoptysis; History of carotid endarterectomy; Atrial flutter; Appendicitis; Present automatic cardioverter and defibrillator; Paroxysmal atrial fibrillation; Etohism. Treatment to date has included surgeries, diagnostic tests, insertion of pacemaker, recent placement of CardioMEMS (an implanted heart failure monitoring device), and medications. Currently, on 08/05/2015 the injured worker is seen in follow up of a placement of CardioMEMS (an implanted heart failure monitoring device). The working diagnosis is that of chronic combined systolic and diastolic heart failure. His recent history includes two hospital admissions (April and May 2015) for Congestive heart failure followed by admission for the prior to the CardioMEMS on June 29, 2015. He has pre-existing and continuing right flank pain possible sciatica that precipitated the April 15, 2015 hospital admission. He was cardioverted April 17, 2015 from atrial flutter which may have been part of acute decompensation and dietary and alcohol indiscretion. He also has multifactorial cardiomyopathy. Current medications include Zaroxolyn, Prednisone, Combivent Respimat

inhaler, Hydromorphone, Scopolamine patch, Bumetanide, Oxycodone-Acetaminophen, Potassium Chloride, Zolpidem, Hydralazine, Carvedilol, Pantoprazole, Clopidogrel, Nitroglycerin, Coumadin, Clobetazol, Isosorbide, Centrum silver, and Colchicine. The worker has multiple medical problems including dyslipidemia and dietary controlled diabetes with moderate renal dysfunction. There is no documentation of gout symptoms or an elevated uric acid. His plan of care includes medication refills. A request for authorization was submitted for Colchicine 0.6mg #1, per 08/06/15 order.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colchicine 0.6mg #1, per 08/06/15 order: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Updated 07/15/15) - Online Version, Colchicine, See Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.nlm.nih.gov/medlineplus/druginfo/meds/a682711.html>.

Decision rationale: Pursuant to MEDLINE plus, colchicine 0.6 mg #1 per the family of the 6, 2015 order is not medically necessary. Colchicine is used to prevent gout attacks (sudden, severe pain in one or more joints caused by abnormally high levels of a substance called uric acid in the blood) in adults, and to relieve the pain of gout attacks when they occur. Colchicine is also used to treat familial Mediterranean fever (FMF; an inborn condition that causes episodes of fever, pain, and swelling of the stomach area, lungs, and joints) in adults and children 4 years of age and older. Colchicine is not a pain reliever and cannot be used to treat pain that is not caused by gout or FMF. Colchicine is in a class of medications called anti-gout agents. It works by stopping the natural processes that cause swelling and other symptoms of gout and FMF. In this case, the injured worker's working diagnoses by the treating cardiologist include chronic systolic cardiomyopathy with brittle congestive heart failure; hepatitis; ongoing right flank pain; sciatica; atrial flutter. Current medications include Colchicine for gout. Date of injury is November 27, 1989. The request for authorization is August 6, 2015. There is no progress note dated or order dated August 6, 2015. There is an August 5, 2015 progress note in the medical record. Utilization review provider initiated a peer-to-peer conference with the covering cardiologist for the injured worker. There was no clinical indication for colchicine in the medical record. Colchicine is taken on a regular basis for gout. There is no causal relationship established between gout and the injured worker's presenting complaints. There is no clinical indication or rationale for colchicine. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no clinical indication or rationale according to the peer-to-peer conference call, colchicine 0.6 mg #1 per the August 6, 2015 order is not medically necessary.