MAXIMUS Federal Services

Case Number:	CM15-0049533		
Date Assigned:	03/23/2015	Date of Injury:	07/05/1993
Decision Date:	05/01/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/16/2015

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: Physical Medicine & Rehabilitation

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 68 year old male, who sustained an industrial injury on 7/5/93. He reported left knee pain. The injured worker was diagnosed as having failed total knee arthroplasty, deep vein thrombosis, right sided heart failure, pulmonary hypertension, and chronic pain syndrome. Treatment to date has included left knee injections, physical therapy, and a home exercise program. A pulmonary follow up report dated 10/13/14 noted injured worker had non-ischemic cardiomyopathy with an ejection fraction of 33%, no evidence of coronary artery disease, history of previous pulmonary embolism, and mild bronchospastic lung disease. Currently, the injured worker complains of knee pain and back pain. The treating physician requested authorization for Allopurinol 300mg #30. No specific rationale was provided for the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Allopurinol 300 mg Qty 30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult - Allopurinol.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com, at http://www.drugs.com/allopurinol.html.

Decision rationale: The 68 year old patient presents with dyspnea, insomnia, failed total knee replacement, deep venous thrombosis, diabetes mellitus Type 2, hypertension, pulmonary embolism, acute coronary syndrome, anemia, atrial fibrillation, shortness of breath, chronic kidney disease, and hyperlipidemia, as per progress report dated 02/03/15. The request is for ALLOPURINOL 300 mg QTY 30. There is no RFA for this case, and the patient's date of injury is 07/05/93. Medications included, as per progress report dated 02/03/15, included Allopurinol, Ammonium lactate, Carvedilol, Aspirin, Docusil, Januvia, Losartan, Nexium, Norco, Potassium chloride, Ranitidine, Rivaroxaban, Simvastatin, Voltaren gel, and Zolpidem. MTUS, ACOEM and ODG guidelines do not discuss Allopurinol. Drugs.com, at http://www.drugs.com/allopurinol.html, states that "Allopurinol is used to treat gout or kidney stones, and to decrease levels of uric acid in people who are receiving cancer treatment." In this case, the patient has a history of kidney stones and chronic kidney disease, as per progress report dated 02/03/15. Drugs.com supports the use of Allopurinol in patients with kidney stones. Hence, the request IS medically necessary.