

Case Number:	CM14-0096787		
Date Assigned:	07/28/2014	Date of Injury:	01/13/2012
Decision Date:	09/18/2014	UR Denial Date:	06/12/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 65-year-old individual with an original date of injury of January 13, 2012. The injured worker sustained an occupational illness due to occupational exposure while working on the job site. The patient has pulmonary coccidioidomycosis. The disputed request is for Colcrys 0.6mg. A utilization review determination had non-certified this request, citing that there was no documentation to support this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colcrys 0.6 mg, 30 day supply, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.drugs.com/pro/colcrys.html>.

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:Uptodateonline.

Decision rationale: Since the MTUS, ACOEM, and Official Disability Guidelines (ODG) do not provide information on the use of culture seen, evidence based guidelines from a national medical database were utilized. In a progress note on April 24, 2014, there is documentation that the patient has elevated uric acid levels. The patient also has documentation of arthropathy in

various sites throughout the body. The treatment plan is for a combination of allopurinol and culture seen for joint pain relief. The patient has a primary diagnosis of pulmonary Coccidioidomycosis. Given this, this request is not medically necessary at this time.