

<b>Case Number:</b>	CM15-0002786		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	02/17/2000
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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 65-year-old male who reported an injury on 02/17/2000. The mechanism of injury was not specified. His relevant diagnoses include status post L4-S1 posterior spinal fusion and decompression, status post L2-3 discectomy, and history of left foot drop. His past treatments include medication and surgery. On 07/23/2014, the injured worker presented for a routine followup. The injured worker was indicated to be happy with outcome of surgery; however, he still gets occasional spasms in the left lower back and has no new complaints. The physical examination revealed a healed incision with no erythema, no drainage, and no signs of infection. However, there is a small "pump" palpable on the left lower side of the incision, which is nontender. Sensation was indicated to be intact and lower extremity muscle strength was indicated to be within normal values. His relevant medications were not provided for review. The treatment plan included a followup in 6 months to obtain a new set of x-rays for the lumbar spine. The treatment plan also included a decision for allopurinol 300 mg #100. A rationale was not provided. A Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Allopurinol 300mg #100:** Upheld

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

**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: PubMed Health. <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0000060/>.

**Decision rationale:** The request for Allopurinol 300mg #100 is not medically necessary. According to PubMed Health and the National Institute of Health.gov, allopurinol is used to prevent or treat high uric acid levels in the blood to include gout or gouty arthritis. Furthermore, PubMed also indicates the use of allopurinol for the treatment of high uric acid levels caused by cancer medications or for patients with kidney stones that contain calcium. The injured worker was indicated to be status post spinal fusion and discectomy. However, there was lack of documentation to indicate the injured worker had gout, gouty arthritis, or had high uric acid levels caused by cancer medications or had calcium in kidney stones. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.