

Case Number:	CM15-0113199		
Date Assigned:	06/19/2015	Date of Injury:	10/18/1982
Decision Date:	07/27/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/11/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This 60 year old male sustained an industrial injury to the neck and back on 10/17/02. Previous treatment included magnetic resonance imaging, physical therapy and medications. Past medications history was significant for hypertension, hypercholesterolemia, gastroesophageal reflux disease, angina and gout. In a PR-2 dated 5/16/15, the injured worker was noted to now be on Humulin insulin. The injured worker's glucose remained elevated. The injured worker reported noticing increased lower extremity tingling similar to symptoms prior to angioplasty that affected his balance. The injured worker also reported being unable to perform strenuous exercises to back and knee pain. Current diagnoses included angina, peripheral neuropathy and insulin dependent diabetes mellitus. The treatment plan included medications (Protonix, Clonidine, Isosorbide, Spironolactone, Allopurinol, Hydralazine, Atorvastatin, Lasix and Potassium Chloride) a cardiology evaluation and a neurology consultation to reassess bilateral lower extremity peripheral neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Allopurinol 300mg quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/allopurinol.htmlwww.nlm.nih.gov/medlineplus/druginfo/meds/a682673.html www.rheumatology.orgwww.guideline.govwww.uptodate.com/contents/gout-beyond-the-basics.

Decision rationale: Regarding the request for Allopurinol, California MTUS guidelines and ODG are silent in regards to this medication. The national Library of medicine indicates that Allopurinol is used to prevent gout attacks. The 2012 guidelines for the management of Gout by the American College of Rheumatology state that patient education, with initiation of diet and lifestyle recommendations as well as elimination of non essential prescriptions medications that can induce hyperuricemia and looking over secondary causes of hyperuricemia should be done before initiation of pharmacological agents. Pharmacological agents are indicated when attacks are frequent or if imaging studies or clinical exam shows Tophus. Guidelines go on to further state that when using pharmacological agents the urate target is <6mg/dl. Within the documentation available for review, there are no recent subjective complaints of gout or physical exam finding supporting the diagnosis. Additionally, there is no documentation indicating how the patient has responded to treatment with Allopurinol or any urate serum level documented. Furthermore, there is no discussion regarding any lifestyle changes. Finally, there is no documentation indicating that an adequate and thorough workup to determine the etiology of the patient's gout has been performed. In the absence of such documentation, the currently requested Allopurinol is not medically necessary.