

<b>Case Number:</b>	CM13-0032013		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	04/22/2013
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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 patient was a 61 year old male with a history of left knee pain. The patient had an MRI on 05/16/2013. The impression of the MRI was osteoarthritic changes of the medial compartment, complex tear of versus degenerative changes of the medial meniscus, fluid surrounding the medial collateral ligament, high-grade partial tear or strain of the anterior cruciate ligament, chondromalacia patella, tear of the lateral meniscus and joint effusion. No additional history of the patient was submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xarelto 10mg #14, 1 tablet by mouth every day:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Rivaroxaban (Xarelto)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/xarelto.html#indications>

**Decision rationale:** The request for Xarelto 10mg #14, one (1) tablet by mouth every day is non-certified. Anticoagulants are recommended for use in patients with risk of stroke, deep vein thrombosis, and/or pulmonary edema. The documentation submitted for review did not address

the conditions noted. It was noted that the medication could be used prophylactically in patients pending knee surgery. However, no documentation submitted for review addressed pending medical procedures or procedures performed following the MRI submitted. Given the information submitted for review the request for Xarelto 10mg #14, one (1) tablet is non-certified.