

Case Number:	CM13-0044245		
Date Assigned:	12/27/2013	Date of Injury:	08/26/2009
Decision Date:	03/06/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/28/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and 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 is a 60 year old male who reported an injury on 08/26/2009. The mechanism of injury was not provided for review. The patient's most recent clinical evaluation noted that the patient was status post left knee surgery. It was also noted that the patient developed a deep vein thrombosis postsurgically. The patient was treated with Coumadin therapy. Clinical note dated 09/03/2013 indicated that the patient's INR was at 2.1, which was within therapeutic range. The patient's treatment plan included discontinuation of Lovenox and continuation of Coumadin, as the patient's INR level was within therapeutic range. Referral to a vascular surgeon was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Enoxaparin 21 day supply Left Knee DVT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Venous Thrombosis. <http://www.rxlist.com/lovenox-drug/indications-dosage.htm>.

Decision rationale: The requested enoxaparin 21 day supply for the left knee DVT is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient's INR is within therapeutic range, and that Lovenox has been discontinued from the patient's medication schedule. The Official Disability Guidelines recommend the treatment of acute deep vein thrombosis with blood thinning agents such as warfarin. An online resource, rxlist.com, indicates that Lovenox or enoxaparin is indicated for the outpatient treatment of acute deep vein thrombosis without pulmonary embolism when administered in conjunction with warfarin sodium or Coumadin. The clinical documentation submitted for review did provide evidence that the patient was taking these medications simultaneously in an attempt to get the patient's INR back within therapeutic levels. It is noted within the documentation that the patient was discontinued off Lovenox after the patient's INR was back within normal levels. Therefore, the continued need for this medication is not established. As such, the requested enoxaparin 21 day supply for the left knee DVT is not medically necessary or appropriate.