MAXIMUS Federal Services

Case Number:	CM14-0010276		
Date Assigned:	02/21/2014	Date of Injury:	11/18/2011
Decision Date:	08/06/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/24/2014

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 Internal 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:

This 38-year-old patient had a date of injury on 11/18/2011. The mechanism of injury was not described. On a physical exam on 11/25/2013, the patient reported neck, right upper trapezius, and parascapular pain as well as bilateral leg and calf pain. Objective findings show multiple burn and graft sites through his upper extremities, chest, torso, and some on his face and neck. The patient has been on anticoagulation with Lovenox due to failure of Coumadin in the past. Diagnostic impression shows cervical and upper back myofascial, cervicalogenic headache, depression adjustment disorder. Treatment to date: medication therapy, behavioral modificationA Utilization Review decision on 12/23/2013 did not grant the request for Lovenox, stating that given the patients diagnosis with pulmonary emboli and venous thromboemboism, the request for unknown prescription of Lovenox is granted with modification to continue at previously prescribed dosage to one prescription of Lovenox 120mg per .8ml, one syringe sc q.d #30 without refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

UNKNOWN PRESCRIPTION OF LOVENOX: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement.

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:http://www.drugs.com/lovenox.html.

Decision rationale: The MTUS and Official Disability Guidelines does not address this issue. Lovenox (enoxaparin) is an anticoagulant that helps prevent the formation of blood clots. Lovenox is used to treat or prevent a type of blood clot called deep vein thrombosis (DVT), which can lead to blood clots in the lungs (pulmonary embolism). A DVT can occur after certain types of surgery, or in people who are bed-ridden due to a prolonged illness. On a progress note dated on 11/25/2013, it was specified that the patient was on Enoxaparin 120mg SQ qday. Furthermore, in the reports reviewed, the patient did present with DVT and is s/p pulmonary embolism. Therefore, the request for Lovenox 120mg SQ QD #30 is medically necessary.