

Case Number:	CM14-0113693		
Date Assigned:	08/01/2014	Date of Injury:	11/04/2006
Decision Date:	09/10/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/21/2014

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 Physical Medicine and Rehabilitation, 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 patient sustained an injury on 11/4/06 while employed by [REDACTED]. Request(s) under consideration include Xarelto x 2 refills (unknown dosage/qty). Diagnoses include cervical stenosis with myelopathy at C3-7 s/p anterior discectomy, partial corpectomy and fusion on 3/23/12/ cervical radiculopathy; Left shoulder impingement; lumbar L4-5 spondylolisthesis; and chronic kidney disease. Report of 6/23/14 from the provider noted the patient with chronic ongoing severe neck pain with numbness in the shoulders rated at 8/10; mid to low thoracic spine pain at T6-8 rated at 6-8/10 with elbow numbness; hands/finger numbness rated at 7-8/10; insomnia and depression. Medications list Metoprolol, Lidoderm patch; Cardizem; Cardura; Hydralazine; Doxazosin, Cymbalta, Phernergan; Amrix, Xatemis; and Tramadol HCL. Exam showed Para cervical, trapezius, and interscapular muscle tenderness; decreased sensation at right C6-8 dermatomes; decreased range in all planes of cervical spine. MRI of cervical spine dated 5/5/14 showed 1 mm disc bulge at C2-3 without canal or neural foraminal stenosis. Treatment included request left shoulder subacromial space cortisone injection and prescription of Xarelto. The patient remained TTD until 8/4/14. Request(s) for Xarelto x 2 refills (unknown dosage/qty) was non-certified on 7/15/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xarelto x 2 refills (unknown dosage/qty): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Rivaroxaban (Xarelto, Johnson & Johnson/Bayer), page 346.

Decision rationale: This patient sustained an injury on 11/4/06 while employed by [REDACTED]. Request(s) under consideration include Xarelto x 2 refills (unknown dosage/qty). Diagnoses include cervical stenosis with myelopathy at C3-7 s/p anterior discectomy, partial corpectomy and fusion on 3/23/12/ cervical radiculopathy; Left shoulder impingement; lumbar L4-5 spondylolisthesis; and chronic kidney disease. Report of 6/23/14 from the provider noted the patient with chronic ongoing severe neck pain with numbness in the shoulders rated at 8/10; mid to low thoracic spine pain at T6-8 rated at 6-8/10 with elbow numbness; hands/finger numbness rated at 7-8/10; insomnia and depression. Medications list Metoprolol, Lidoderm patch; Cardizem; Cardura; Hydralazine; Doxazosin, Cymbalta, Phernergan; Amrix, Xatemis; and Tramadol HCL. Exam showed paracervical, trapezius, and interscapular muscle tenderness; decreased sensation at right C6-8 dermatomes; decreased range in all planes of cervical spine. MRI of cervical spine dated 5/5/14 showed 1 mm disc bulge at C2-3 without canal or neural foraminal stenosis. Treatment included request left shoulder subacromial space cortisone injection and prescription of Xarelto. The patient remained TTD until 8/4/14. Request(s) for Xarelto x 2 refills (unknown dosage/qty) is not medically necessary on 7/15/14 citing guidelines criteria and lack of medical necessity. MTUS Guidelines is silent on the medication, Xarelto (Rivaroxaban), a pure (S)-enantiomer anti-coagulant; however per ODG, it has been FDA approved for DVT prophylaxis after Hip and Knee Replacement Surgery and in the prevention of Thromboembolism Atrial Fibrillation. Prophylaxis for venous thromboembolism is recommended with beneficial outpatient use for at least 10 days after total knee/hip arthroplasty given the trend for shorter hospital stays. Other indications for its use include treatment in the reduction of Stroke, Systemic Embolism in Non-valvular Atrial Fibrillation, treatment of Deep Vein Thrombosis and Pulmonary Embolism. Clinical trials have experienced significant side effects with boxed warning of increased risk of stroke and thrombotic event after premature discontinuation, spinal/epidural hematoma, and increased hemorrhage. Submitted reports have not adequately demonstrated any indication, specific diagnoses, comorbid risk factors, or clinical evidence to support its use per guidelines criteria. The Xarelto x 2 refills (unknown dosage/qty) is not medically necessary.