

Case Number:	CM14-0152173		
Date Assigned:	09/22/2014	Date of Injury:	01/15/2009
Decision Date:	10/30/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/18/2014

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:

The patient is a 51 year old male who was injured on 01/15/2009. The mechanism of injury is unknown. Past medications as of 07/07/2014 included Warfarin and Fioricet. Prior treatment history has included 12 sessions of psychotherapy and 12 sessions of hypnotherapy. The patient underwent right knee arthroscopy on 05/21/2009. Progress report dated 07/07/2014 states the patient presented with complaints of right knee pain with occasional swelling and popping with twisting. On exam, he has a right knee tear medially. He is diagnosed with right hip pain, status post placement of veins cava liter, and right lower extremity deep vein thrombosis. The patient was recommended to continue with Fioricet, Warfarin 5 mg #60 and Warfarin 2 mg #60 as well as Tramadol with Acetaminophen/Ondansetron 50/250 2 mg. Prior utilization review dated 09/08/2014 states the request for Warfarin 2mg #60 with 3 Refills; Warfarin 5mg #60 with 3 Refills; and Tramadol/AAPA/Ondansetron 50/250/2mg #90 with 3 refills is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Warfarin 2mg #60 with 3 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/coumadin-drug/indications-dosage.htm>; Coumadin indications

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/warfarin.html>

Decision rationale: The guidelines recommend Coumadin therapy for treatment of deep vein thrombosis. Generally treatment is for 3-6 months after an initial DVT. Recent data has suggested that treatment may continue indefinitely for certain patients who remain at higher risk for thrombosis and tolerate Coumadin well. This patient has a history of DVT and remains on Coumadin therapy per his treating physician. However, the clinical notes did not adequately discuss the patient's history, regarding when the DVT was and how many episodes of thrombosis the patient has had. Additionally, the assessment and plan did not discuss why Coumadin therapy is continuing and what the expected length of therapy is. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Warfarin 5mg #60 with 3 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/coumadin-drug/indications-dosage.htm>; Coumadin indications.

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/warfarin.html>

Decision rationale: The guidelines recommend Coumadin therapy for treatment of deep vein thrombosis. Generally treatment is for 3-6 months after an initial DVT. Recent data has suggested that treatment may continue indefinitely for certain patients who remain at higher risk for thrombosis and tolerate Coumadin well. This patient has a history of DVT and remains on Coumadin therapy per his treating physician. However, the clinical notes did not adequately discuss the patient's history, regarding when the DVT was and how many episodes of thrombosis the patient has had. Additionally, the assessment and plan did not discuss why Coumadin therapy is continuing and what the expected length of therapy is. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Tramadol/AAPA/Ondansetron 50/250/2mg #90 with 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Acetaminophen (APAP), NSAIDs, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-96.

Decision rationale: The requested medication is a compound medication containing 3 substances. The guidelines state that any compounded medication that contains at least 1 ingredient that is not recommended is not recommended. The guidelines recommend Ondansetron for treatment of nausea and vomiting secondary to chemotherapy and radiation

treatment, in post-operative use, and for acute use in gastroenteritis. From the clinical documents provided it does not appear that the patient does fits within one of the recommended categories for use of Ondansetron. Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. It is also not clear if the patient has been on opioid therapy and what the indication for Tramadol is at this time. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.