

<b>Case Number:</b>	CM14-0161981		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	03/26/2008
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Family Medicine and is licensed to practice in Utah. 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 67 year-old female. The patient's date of injury is 3/26/2008. The mechanism of injury was a slip and fall. The patient has been diagnosed with osteoarthritis, with knee pain, low back pain, and hip pain. The patient's treatments have included previous surgery (9/2/2014 for knee replacement and right meniscal tear repair), imaging studies, and medications. The physical exam findings dated 7/31/2014 show the right hip with some weakness in the joint, no clicking, catching or popping with range of motion; the strength is noted as in the abductor and 5/5 in the flexor. There is severe groin pain noted in the flexion adduction and internal rotation. The Trendelenburg test is noted as positive. The patient's medications have included, but are not limited to, Aspirin, Detrol, Keppra, Lisinopril, Metformin, Simvastatin, Xarelto, Norco, Soma, Tramadol and Lidoderm. The request is for Xarelto. There is a hip replacement planned. Xarelto was ordered as a prophylaxis to DVT. Xarelto was certified in a modified request for 10mg #20, with clarification needed during that 20 day period.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xarelto:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate.com, Xarelto: Postoperative DVT Thromboprophylaxis.

**Decision rationale:** MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Xarelto. Guidelines state the following: indicated for Hip replacement: 10 mg once daily; total duration of therapy: 35 days; According to the clinical documentation provided and current guidelines; Xarelto, as described in the guidelines, is indicated as a medical necessity to the patient at this time.