MAXIMUS Federal Services

Case Number:	CM14-0061535		
Date Assigned:	05/07/2014	Date of Injury:	01/01/2008
Decision Date:	07/09/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	05/02/2014

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 Orthopedic Surgery and is licensed to practice in 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 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 injured worker is a 65 year old male who reported an injury on 01/01/2008. On 04/01/2014 the injured worker complained of low back and bilateral knee pain. He rated his pain 7/10 and described it as constant and worse with walking. He reported that with use of Norco pain was reduced allowing for an increase in activity. He had painful flexion and decreased painful range of motion. The treatment plan was for pain medications, acupuncture and a surgical consultation for the left knee. This review did not contain a request for authorization for medical treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

LOVENOX FORTY(40) MILLIGRAMS(MG) #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sanford Guide to Antimicrobial Therapy 2013, 43 Edition- Author: Gilbert, David MD., Moellering, Jr, Robert MD, Eliopoulos, George MD, Chambers, Henry MD, Saag, Michael MD, pages 192-196 table 15B and Mosby's Drug Consult, Levofloxacin.

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: Drugs.com.

Decision rationale: The request for Lovenox 40 milligrams #10 is non-certified. Drugs.com notes 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. Lovenox is also used to prevent blood vessel complications in people with certain types of angina (chest pain) or heart attack. The injured worker does not have significant clinical data to determine if Lovenox would be indicated and safe for his use. The requesting physician's rationale for the request was unclear. Therefore, the request for Lovenox 40mg #10 is not medically necessary and appropriate.

MUPIROCIN TWO(2) PERCENT(%) TWENTY TWO(22) GRAMS(G): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sanford Guide to Antimicrobial Therapy 2013, 43 Edition- Author: Gilbert, David MD., Moellering, Jr, Robert MD, Eliopoulos, George MD, Chambers, Henry MD, Saag, Michael MD, pages 192-196 table 15B.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines: Infectious Disease, Bone and Joint Infections.

Decision rationale: The request for Mupirocin 2%, 22g is non-certified. The Official Disability Guidelines state treatment-refractory acute infectious complications are the most common cause in developing countries, with a rate of 1% to 5% in elective trauma surgery and in 3% to 50% after first- to third-degree open fractures. However, diabetic patients may be at greater risk for this condition. The request fails to indicate site at which the medication is to be used and the clinical evaluation fails to indicate a risk factor of infection or presence of an infection within the medical records. Therefore, the request for Mupirocin 2% 22g is not medically necessary and appropriate.

THREE(3) IN ONE(1) COMMODE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10 and Medicare & Medicaid Services (CMS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Total Knee Replacement, Durable Medical Equipment.

Decision rationale: The request for a three in one commode is non-certified. The Official Disability Guidelines note durable medical equipment is generally recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised

toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. The documentation fails to indicate whether the injured worker is bed or room confined and the treatment plan did not indicate the injured worker at risk for injury. Therefore, the request of 3 in 1 commode is not medically necessary and appropriate.