MAXIMUS Federal Services

Case Number:	CM15-0042906		
Date Assigned:	03/13/2015	Date of Injury:	11/26/2013
Decision Date:	05/12/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Minnesota, Florida
Certification(s)/Specialty: Orthopedic Surgery

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 43 year old who sustained an industrial injury on 02/10/2015. He was injured while lifting a 200 pound roll up door overhead with co-workers. Diagnoses include disc protrusions with stenosis and radiculopathy at L4-L5 and L5-S1. Treatment to date has included medications, epidural steroid injections, low back brace, and physical therapy. A physician progress note dated 12/04/2014 documents the injured worker has moderately diminished lumbar range of motion. He has tenderness present in the lumbar spine. He has constant low back pain which is worse with activity. Pain radiates down the back of the right leg, and there is numbness in the plantar aspect of the right foot. The injured worker will undergo right L4-L5 and L5-S1 laminotomy and discectomy surgery. Treatment requested is for Lovenox, preoperative dosage, unknown quantity. The injured worker is currently on Coumadin for a deep venous thrombosis in his left calf, and will need to be off this medication and be covered with Lovenox to allow his coagulation parameters to normalize prior to his surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lovenox, preoperative dosage, unknown quantity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), web, Knee and Leg, Venous thrombosis, www.ncbinlm.nih.gov/pubmedhealth/pmht0010108.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Venous thromboembolism, Rivaroxaban.

Decision rationale: ODG guidelines recommend identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. The guidelines recommend Rivaroxaban as an anticoagulation treatment option for patients with venous thromboembolism of the leg. A major RCT showed that overall Rivaroxaban 10 mg once daily for 10-14 days was significantly superior to subcutaneous enoxaparin 30 mg given every 12 hours for the prevention of venous thromboembolism after total knee arthroplasty. Rivaroxaban is one of the several new oral anticoagulants, which offers an alternative to warfarin, which is widely used but has many drawbacks, including an unpredictable response and the need for constant monitoring. Rivaroxaban is recommended for the prophylaxis of deep vein thrombosis and pulmonary embolism. The request as stated is for Lovenox (enoxaparin) but the dosage and quantity has not been specified. As such, the medical necessity of the request cannot be determined and is not medically necessary.