

Case Number:	CM15-0110728		
Date Assigned:	06/17/2015	Date of Injury:	12/07/2014
Decision Date:	07/15/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old female, who sustained an industrial injury on December 7, 2014. The mechanism of injury was a slip and fall. The injured worker has been treated for back, left knee and left hip complaints. The diagnoses have included left knee medial collateral ligament sprain, left sacroiliac joint pain, left groin muscle sprain, low back pain, lumbar spine sprain/strain, lumbar degenerative changes, lumbar facer arthropathy, lumbar retolsthesis, left knee medial meniscus tear and right knee osteoarthritic changes. Treatment to date has included medications, radiological studies, MRI, physical therapy, cortisone injections and knee left surgery. Current documentation dated June 1, 2015 notes that the injured worker reported lower back pain and bilateral knee pain. The pain was rated a seven out of ten on the visual analogue scale with medications and unchanged from the prior visit. Examination of the lumbar spine revealed tenderness, spasms and a decreased and painful range of motion. Special orthopedic testing was noted to be positive. Examination of the bilateral knees revealed tenderness and positive special orthopedic testing. The treating physician's plan of care included a request for the medication Xarelto time's one.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xarelto: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation, (1) Xarelto Prescribing Information. (2) Bates SM, Jaeschke R, Diagnosis of DVT: antithrombotic therapy and prevention of thrombosis, 9th ed: American College of Chest Physicians (ACCP) evidence-based clinical practice guidelines. Chest 2012 Feb; 141 (2 Suppl): e351 S-418 S and Suppl: 195 S-e226 S.

Decision rationale: The claimant sustained a work injury in December 2014 and continues to be treated for knee pain. She has a history of arthroscopic surgery complicated by DVT. When seen, there was joint line tenderness. Knee arthroscopy was planned. Authorization for prophylactic treatment for DVT was requested. Xarelto is a factor Xa inhibitor with indications including for the prophylaxis of DVT, which may lead to PE in patients undergoing knee or hip replacement surgery. Dosing is 10 mg once daily for 12 days after knee surgery and for 35 after hip surgery. In this case, the duration of treatment is not specified. A single dose would not be effective. Therefore, the request is not medically necessary.