

<b>Case Number:</b>	CM15-0176757		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	01/19/1999
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 69-year-old female, who sustained an industrial injury on January 19, 1999. The injured worker underwent a posterior lumbar laminotomy and microdissection on July 16, 2015 with subsequent development of a deep wound infection of the lumbar spine surgical site. A culture revealed a staph aureus infection and the injured work had a peripherally inserted central catheter (PICC) placed for home antibiotic therapy. On August 9, 2015, the injured worker presented to the hospital for right upper extremity swelling. A Doppler study revealed a deep vein thrombosis in the right upper extremity at the site of the PICC. She had the PICC replaced and anticoagulation therapy was initiated. The injured worker was evaluated on August 20, 2015. She reported weakness and noted that she is taking her prescribed medications as directed and is compliant. Her medications include Cubicin 370 mg, Cetirizine Hcl 10 mg, Lisinopril 10 mg, Warfarin sodium 2 mg per day, trazodone hcl 50 mg, Synthroid 100 mcg, Ambien CR 12.5 mg CR-tabs, Cymbalta 20 mg CPEP, Lidoderm 5% patch and Tizanidine HCL 4mg. The injured worker was diagnosed as having renal insufficiency and deep vein thrombosis. Treatment to date has included peripherally inserted central catheter line, home health care for intravenous antibiotics, and anti-coagulation therapy. A request for authorization for Coumadin level blood test every two (2) weeks was received on August 25, 2015. On September 1, 2015, the Utilization Review physician modified the request for Coumadin level blood test every two (2) weeks to Coumadin level blood test times one (1).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Coumadin level blood test every two (2) weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.drugs.com/pro/coumadin.html#indications>,

<http://labtestonline.org/understanding/analytes/pt/tab/test>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation [www.drugs.com/coumadin](http://www.drugs.com/coumadin); [www.UpToDate.com](http://www.UpToDate.com).

**Decision rationale:** This 69 year old female has complained of low back pain and deep venous thrombosis since date of injury 1/19/1999. She has been treated with surgery, physical therapy and medications to include Coumadin for anticoagulation. The current request is for Coumadin level blood test every 2 weeks. The available medical records do not provide the medical rationale or supporting documentation that indicates the necessity of a Coumadin level blood test every 2 weeks. Per the guidelines cited above, Coumadin labs do not need to be ordered every 2 weeks if the prior level was in the therapeutic range. On the basis of the available medical records and per the guidelines cited above, Coumadin level blood test every 2 weeks is not indicated as medically necessary.