

Case Number:	CM15-0068177		
Date Assigned:	04/15/2015	Date of Injury:	04/20/2000
Decision Date:	05/15/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/10/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 62 year old male, who sustained an industrial injury on 4/20/00. He reported knee pain. Medical history included paroxysmal atrial fibrillation. The injured worker was diagnosed as having osteoarthritis of the knee and history of venous thrombosis and embolism. Treatment to date has included medications. A physician's report dated 2/19/15 noted there was a history of recurrent deep vein thrombosis. The injured worker had been taking Xarelto for 2 years without any overt bleeding. Currently, the injured worker complains of left knee pain. The treating physician requested authorization for Xarelto 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xarelto Tab 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee and Leg ACOEM Guidelines, page 65.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rivaroxaban (Rx) Xarelto. <http://reference.medscape.com/drug/xarelto-rivaroxaban-999670>.

Decision rationale: According to Medscape, Xarelto is an anticoagulant medication used for DVT prophylaxis, DVT/PE treatment and for non valvular atrial fibrillation. Although the patient has a history of atrial fibrillation and recurrent DVT, there is no justification for the use of the medication for 2 years without periodic documentation that the patient is at continuous risk of developing PE and stroke. Therefore, the request is not medically necessary