

Case Number:	CM15-0092573		
Date Assigned:	05/19/2015	Date of Injury:	10/13/2011
Decision Date:	06/22/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/13/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 59-year-old male, who sustained an industrial injury on 10/13/2011. The current diagnoses are right hip post-traumatic degenerative arthritis with a subcapital fracture, status post right hip arthroscopy, lumbar discopathy with right lower extremity radiculopathy, status post L5-S1 fusion, and medication-induced gastritis. According to the progress report dated 4/24/2015, the injured worker complains of severe right hip pain, buttock pain, and low back pain with radiation down the right leg. The level of pain is not rated. The examination of the right hip reveals a positive Fabere's sign, significant pain with internal and external rotation with sharp, stabbing radiating pain into the groin, and decreased range of motion. The current medications are Norco, Neurontin, Zanaflex, Anaprox, and Prilosec. Urine drug screen from 10/15/2014 was consistent with prescribed medications. Treatment to date has included medication management, x-rays, MRI/MRA studies, electrodiagnostic testing, and surgical intervention. The plan of care includes right total hip arthroplasty and post-operative anticoagulation with Xarelto.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xarelto 10 mg Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip & Pelvis chapter - Rivaroxaban.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, under Xarelto.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The patient was injured 4 years ago. The medicine would be used post operatively right total hip arthroplasty. Per the Physician Desk Reference, this medicine is for thromboembolism and stroke prophylaxis. The risks are epidural spinal hematoma risk after neuraxial anesthesia or spinal puncture. It is not clear why this anticoagulant is being used, vs others, and if the serious and significant black box concerns had been addressed. The request at this juncture is not medically necessary.