

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/21/2013



Employee:	
Claim Number:	
Date of UR Decision:	7/5/2013
Date of Injury:	9/1/1999
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005671

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Coumadin 5mg #90 with 3 refills is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Vicodin 5/50mg #30 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/27/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Coumadin 5mg #90 with 3 refills** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Vicodin 5/50mg #30** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient is a 63-year-old male who reported an injury on 09/01/1999. The mechanism of injury was not provided. The patient was noted to wear a brace on the right foot and have a positive straight leg raise. The diagnoses are stated to be embolism and thrombosis of unspecified site, crushing injury of foot, and crushing injury of ankle. The plan was stated to be refill Coumadin 5 mg 3 times daily, continue gabapentin, continue Celebrex, and start Vicodin.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Coumadin 5mg #90 with 3 refills:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the National Guidelines Clearinghouse, Antithrombotic therapy supplement, General Principles of Warfarin Dosing and Maddali S, Morton C, Biring T, Bluhm J, Hanson M,

Kopecky S, Krueger K, Larson T, Mikelson M, Miley T, Pruthi R, Schullo-Feulner A. Antithrombotic therapy supplement. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2012 May. 87 p., which are not a part of MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Ankle & Foot Chapter, Venous Thrombosis, Knee & Leg Chapter Warfarin, Coumadin, Online Version and <https://www.careinternet.net/caregiver/warfarin.php>, which are not a part of MTUS.

Rationale for the Decision:

The Official Disability Guidelines recommends Coumadin as an anticoagulation treatment option for thromboembolisms. However, it fails to indicate criterion for continuation of the medication. Per care clinical research, warfarin is a narrow therapeutic drug index and when the INR (international normalized ratio) falls below 2.0, thrombosis risk increases and when the INR rises above 4.0, serious bleeding risk increases. It is further stated the patient should be tested for their INR consistently. While the employee has been diagnosed with an embolism and thrombosis and Coumadin is indicated for the diagnosed condition, Coumadin produces an anticoagulation effect and as per care clinical research recommendations, the INR should be therapeutically check on a consistent basis. It was noted the employee had no excessive bruising and it was further noted the employee had to stop Coumadin for 1 week prior to a dental extraction. Clinical documentation submitted for review failed to include the employee's most recent INR along with recent documentation to support the continued use and efficacy of the medication for this employee. **The request for Coumadin 5mg #90 with 3 refills is not medically necessary and appropriate.**

2) Regarding the request for Vicodin 5/50mg #30:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May 2009), Vicodin and Weaning of Medications, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Short acting opioids, pp 75, which is a part of MTUS.

Rationale for the Decision:

The California MTUS Guidelines state Vicodin is recommended as a normal release medication effective at controlling chronic pain. The clinical documentation submitted for review indicates the employee was in the office on 06/24/2013 for pain management; however, the clinical documentation failed to provide the employee has complaints of pain or objective findings including pain. **The request for Vicodin 5/50mg #30 is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/hs

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.