

Case Number:	CM13-0017220		
Date Assigned:	10/11/2013	Date of Injury:	02/22/2012
Decision Date:	05/07/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Family Practice, has a subspecialty in Pain Medicine, 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 Physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51 yr. old male claimant sustained a work injury on 2/22/12 where he was involved in a car collision while working for [REDACTED] [REDACTED]. He had injured his left hip (fracture), left knee, left heel and left foot as well as had persistent testicular pain and urinary difficulties. He had additional diagnoses of DVT, anxiety and depression as a result of his injury. His treatments have included lumbar paravertebral blocks, physical therapy, home health aide, Norco, Zolpidem, Colace, and Alprazolam. He had been on Coumadin for a prior DVT until May 2013. On July 15, 2013, the claimant had left thigh and leg pain. A repeat doppler of the leg was requested prior but not authorized. The exam did not show edema or Hohman's sign. A request was made to continue on Aspirin 81 mg tabs.

IMR ISSUES, DECISIONS AND RATIONALES

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

ASPIRIN 81MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-72. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SECTION ASPIRIN; AND THE AMERICAN ACADEMY OF ORTHOPEDIC SURGERY RECOMMENDATIONS

Decision rationale: Aspirin is an NSAID (non-steroidal anti-inflammatory drug). The MTUS guidelines do not provide for information on Aspirin for Pain management. According to the guidelines: Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. According to the ODG guidelines, aspirin is recommended. The Usual Adult Dose for Pain: 325 to 650 mg every 4 hours as needed, up to 3 grams per day in divided doses (spondyloarthropathies may require up to 4 grams per day in divided doses) In the case of using Aspirin for DVT prophylaxis, the American Academy of Orthopedic Surgery summarized that Aspirin is not appropriate for DVT prophylaxis in orthopedic cases. Based on the above, aspirin is not medically necessary.