

Case Number:	CM14-0017198		
Date Assigned:	04/14/2014	Date of Injury:	10/23/2001
Decision Date:	06/30/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/11/2014

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. The expert reviewer is Board Certified in Physical Medicine & 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 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:

The patient is a 42 year old female with a 10/23/2001 date of injury. She has been diagnosed with chronic pain; cervical spondylosis; radiculopathy; facet arthropathy; myalgia. According to the 1/13/14 pain management report from [REDACTED], the patient presents with moderate to severe upper back, middle back, arms, and neck pain. The patient's symptoms are relieved with exercise, heat rest, massage, over-the-counter medications, pain medications, PT and changing positions. She takes aspirin 325mg 1-2 q6-8hr; Pennsaid 1.5% topical drops; Nucynta, Pepcid, Amitriptyline; Zanaflex; Gabapentin, famotidine. Pain without medications is 9/10 and with medications is 5/10. On 1/31/14 UR recommended against use of Aspirin because of history of peptic ulcer disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

ASPIRIN 325 MG 1-2 BY MOUTH EVERY 6-8 HOURS PM #180 NO REFILLS:

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67, 81.

Decision rationale: The MTUS Chronic Pain Guidelines states aspirin is recommended, and that analgesic treatment should begin with aspirin. The pain management physician reports the patient is stable on the current medications and has pain reduction from 9/10 to 5/10 without side effects or aggravation of the peptic ulcer. The use of Aspirin is in accordance with the MTUS Chronic Pain Guidelines. The request is medically necessary and appropriate.