

Case Number:	CM14-0172822		
Date Assigned:	10/23/2014	Date of Injury:	07/05/2011
Decision Date:	12/02/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/20/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 53 yo male who sustained an industrial injury on 07/05/2011. The mechanism of injury was a fall. His diagnoses included cervical disc disease and lumbar disc disease with radiculopathy, and insomnia due to pain. He also has medical conditions of morbid obesity, diabetes, hypertension, and hypothyroidism. On exam he complains of neck and low back pain with radiation to the right leg. On physical exam there is decreased range of motion of the neck and lumbar spine. Motor and sensory exams are normal. Treatment has consisted of medications including opiates, physical therapy, and epidural steroid injections. The treating provider has requested Aspirin 81mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aspirin 81mg #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 Diabetes (Updated 07/28/2014) Antiplatelet Therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine 2013: Indications for Aspirin

Decision rationale: Aspirin can be taken to prevent heart disease and stroke in some individuals who have not previously experienced these events. The U.S. Preventive Services Task Force (USPSTF) recommends that men with no history of heart disease or stroke aged 45-79 years use aspirin to prevent myocardial infarctions and that women with no history of heart disease or stroke aged 55-79 use aspirin to prevent stroke when the benefit of aspirin use outweighs the potential harm of gastrointestinal hemorrhage or other serious bleeding. As with all medications, individuals should first speak with their health care provider to discuss using aspirin. The USPSTF also recommends that clinicians should discuss the potential benefits and harm of aspirin therapy with their patients. This recommendation is for prevention in people who have not had a myocardial infarction or stroke. The effect of aspirin for primary prevention of CVD events in adults with diabetes is currently unclear. Trials to date have reached mixed results, but overall suggest that aspirin modestly reduces risk of cardiovascular events. There is no documentation indicating that aspirin therapy is required for treatment of the patient's work related injuries. Medical necessity for the requested item has not been established. The requested item is not medically necessary.