

Case Number:	CM14-0202858		
Date Assigned:	12/15/2014	Date of Injury:	01/17/2006
Decision Date:	03/04/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/04/2014

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. 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: New Jersey

Certification(s)/Specialty: Family Practice

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 38 year old man sustained an industrial injury on 1/17/2006. Current diagnoses includes L4-L5 disc herniation for which he underwent IDET, right L5-S1 microdiscectomy on 2/21/2011, and repeat lumbar surgery on 2/23/2013. Evaluations include lumbar CT on 8/14/2013 which showed fragmentation of the tip of the right inferior facet of L3 and disc bulges at L1-L2 into both foramina with normal central canal and right L3-L4 intraforaminal disc protrusion. Lumbar spine MRI on 6/28/2011 showed mild loss of the lordic curve with deformities noted to several vertebrae in the thoracic and lumbar regions resulting in loss of height. Treatment has included epidural steroid injections, oral medications, surgical intervention, psychiatric treatment, and physical therapy. Physicain notes dated 7/21/2014 show continued compliants and diagnoses of gastroesophageal reflux disease, irritable bowel syndrome, hypertension/hyperlipidemia and obstructive sleep apnea. Treatment recommendations include urine toxicology screen, EKG, 2D echocardiogram with doppler, carotid ultrasound, cardio-respiratory test, sudo-scan, and refilling of medications with the addition of Sentra AM #60. Follow up was recommended with an internal medicine physician and pain specialist. On 11/10/2014, Utilization Review evaluated a prescription for Aspirin 81 mg #30. The UR physician noted that the use of aspirin for primary prevention shows little benefit. The request was denied and was subsequently appealed to Independent Medical Review.

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 (ODG): Diabetes Chapter : Antiplatelet Therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Vandvik PO, Lincoff AM, Gore JM, Gutterman DD, Sonnenberg FA, Alonso-Coello P, Akl EA, Lansberg MG, Guyatt GH, Spencer FA. Primary and secondary prevention of cardiovascular disease: antithrombotic therapy and prevention of thrombosis, 9th ed: American College of Chest Physicians evidence-based clinical practice guidelines. Chest. 2012 Feb;141(2 Suppl):e637S-68S. [101 references]

Decision rationale: The MTUS Guidelines do not address aspirin for primary prevention of cardiovascular events. The latest evidence suggests a very slight (at best) benefit with continual low dose aspirin use contrasted with a higher risk of gastrointestinal bleed for the small possible benefit and is not likely an effective long-term strategy for primary prevention of cardiovascular events. Lifestyle factors are much more important in the prevention and treatment of cardiovascular disease. In the case of this worker, it seems that this discussion is mostly irrelevant as there seems to be minimal connection with this person's cardiovascular disease (besides higher blood pressure), where blood pressure medication might be a consideration for a compensatory tool. Considering the evidence for daily aspirin use and the details of this case, it is of the opinion of this reviewer that the aspirin 81 mg is not medically necessary.