

<b>Case Number:</b>	CM14-0205973		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	04/15/2006
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 56-year-old male who reported an injury on 01/15/2006. The mechanism of injury was not stated. The current diagnoses include gastroesophageal reflux, hypertension, hyperlipidemia, sleep disorder, elevated liver function test, and palpitations. The injured worker presented on 10/28/2014 for a followup evaluation. The injured worker reported an average blood pressure reading of 130/80. The injured worker denied chest pain, shortness of breath, and abdominal pain. The physical examination was within normal limits. The injured worker was instructed to continue the current medication regimen of amlodipine 10 mg, lisinopril 20 mg, atenolol 25 mg, Lovaza 4 gm, Crestor 5 mg, and aspirin 81 mg. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ASA EC 81mg at night #30 refills: 2:** 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 Page(s): 67.

**Decision rationale:** California MTUS Guidelines recommend nonprescription medications, such as acetaminophen, NSAIDs, and aspirin. There should be caution about daily doses of acetaminophen and liver disease if over 4 grams per day or in combination with other NSAIDs. There is no indication that this injured worker suffers from a chronic pain condition. The medical necessity for aspirin 81 mg has not been established in this case. There is no mention any contraindication to over the counter aspirin as opposed to a prescription product. As such, the request is not medically appropriate at this time.