

Case Number:	CM14-0137222		
Date Assigned:	09/05/2014	Date of Injury:	04/15/2006
Decision Date:	10/23/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	09/02/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 56 year old male with an injury date of 04/15/06. Based on the 07/22/14 progress report provided by [REDACTED], the patient complains of gastroesophageal symptoms, controlled hypertension and is status post right total knee arthroscopy 12/28/12. Medications include Amlodipine, Atenolol, Crestor, ASA, Lisinopril, Tramadol and Prilosec. The patient was declared permanent and stationary 02/17/11. The diagnoses on 07/22/14 were gastroesophageal reflux secondary to NSAIDS; hypertension with mild left atrial enlargement; hyperlipidemia; sleep disorder, rule out obstructive sleep apnea; elevated liver function tests (resolved); and palpitation, rule out cardiac vs. anxiety. [REDACTED] is requesting Acetylsalicylic Acid (ASA) Enteric coated tablet 80mg #30 with 2 refills. The utilization review determination being challenged is dated 08/01/14. The rationale is "efficacy of medication is not known." [REDACTED] [REDACTED] is the requesting provider, and he provided treatment reports from 04/22/14 - 07/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetylsalicylic Acid (ASA) Enteric coated tablet 80mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Antiplatelet therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC: Diabetes: Antiplatelet Therapy

Decision rationale: The patient presents with gastroesophageal symptoms, controlled hypertension and is status post right total knee arthroscopy 12/28/12. The request is for Acetylsalicylic Acid (ASA) Enteric coated tablet 80mg #30 with 2 refills. Diagnosis dated 07/22/14 includes hyperlipidemia, palpitation and sleep disorder. Regarding Acetylsalicylic Acid (Aspirin), MTUS is silent, however the Official Disability Guidelines - TWC states: Diabetes: Antiplatelet Therapy: "Under study. The use of aspirin for primary prevention has become controversial due to recent data showing little benefit. Several recent meta-analyses show no statistically significant benefit on either total cardiovascular outcomes or the individual events such as death, myocardial infarction, or stroke." In review of reports, provider has not documented specific use for requested medication. Also, based on the Official Disability Guidelines, the use of Acetylsalicylic Acid in Antiplatelet therapy has become controversial and its efficacy is under study. Therefore, this request is not medically necessary.