

<b>Case Number:</b>	CM14-0098032		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	12/27/2008
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 52-year-old female with a 12/27/08 date of injury. At the time (6/4/14) of the Decision for ASA EC 81MG, there is documentation of subjective (no changes in her diabetes mellitus, improving constipation, sleeps several hours nightly and wakes two times per night, and abdominal pain which occurs three times daily) and objective (blood pressure 128/68, heart rate 70, weight 153 pounds, 3+ epigastric and 1+ diffuse abdominal tenderness to palpation, and cyanosis in extremities) findings, current diagnoses (gastritis and constipation secondary to stress and pain medications, status post H. pylori treatment, hypertension triggered by work-related injury, hypertensive retinopathy, diabetes mellitus trigger by work related injury, hyperlipidemia, sleep disorder secondary to pain and stress, and obstructive sleep apnea), and treatment to date (medications (including Hydrochlorothiazide, Nexium, Gaviscon, Colace, Simethicone, Probiotics, Aspirin EC, Vitamin D3, and Appformin D)). There is no (clear) documentation of a condition/diagnosis (with supportive subjective/objective findings) for which aspirin is indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ASA EC 81MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation <http://www.drugs.com/ppa/aspirin-acetylsalicylic-acid-asa.html>.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. Medical treatment guideline identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which aspirin is indicated (such as: mild to moderate pain; fever; various inflammatory conditions; reduction of risk of death or MI in patients with previous infarction or unstable angina pectoris, or recurrent transient ischemia attacks or stroke in men who have had transient brain ischemia caused by platelet emboli). Within the medical information available for review, there is documentation of diagnoses of gastritis and constipation secondary to stress and pain medications, status post H. pylori treatment, hypertension triggered by work-related injury, hypertensive retinopathy, diabetes mellitus triggered by work related injury, hyperlipidemia, sleep disorder secondary to pain and stress, and obstructive sleep apnea. However, despite documentation of hypertension and hyperlipidemia, there is no (clear) documentation of a condition/diagnosis (with supportive subjective/objective findings) for which aspirin is indicated (reduction of risk of death or MI in patients with previous infarction or unstable angina pectoris). Therefore, based on guidelines and a review of the evidence, the request for ASA EC 81MG is not medically necessary.