

<b>Case Number:</b>	CM15-0018759		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	10/04/2010
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 58-year-old male who reported an injury on 10/04/2010. The mechanism of injury was a motor vehicle accident where the injured worker collided with a tree. The injured worker underwent an L4-5 laminotomy, medial facetectomy, and foraminotomy with decompression of the traversing L4 and exiting L5 nerve root on 09/24/2011 and an anterior posterior fusion at L4-5 and L5-S1. The injured worker was noted to undergo an MRI of the right hip without contrast. The most recent documentation was on 09/30/2014 and it revealed the injured worker had objective findings of +2 left sided abdominal tenderness consistent with subjective complaints of consistent stomach ache, bloating, gas, abdominal pain, nausea, and diarrhea. The documentation indicated the physician opined the injured worker probably suffered from GI reflux disease. The physician was noted to order labs and an abdominal ultrasound. The injured worker's blood pressure was 163/102 mmHg with a pulse of 64 beats per minute. The physician prescribed Norvasc 5 mg. The rationale for the requested aspirin was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ASA 81mg daily #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67, 68.

**Decision rationale:** The California Medical Treatment Guidelines indicate that for injured workers at risk of gastrointestinal events with cardiovascular disease, the recommendation for these workers is a low dose COX-2 inhibitor low dose COX-2 and aspirin low dose aspirin for cardio protection and a PPI. There was a lack of documentation indicating the necessity for low dose aspirin. There was no rationale provided for review. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for ASA 81mg daily #45 is not medically necessary.