

<b>Case Number:</b>	CM13-0047873		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/18/2000
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, Pulmonary Diseases 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 physician 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 62-year-old female who reported an injury on 01/04/2000. The patient is currently diagnosed with chronic neck pain, post cervical discectomy and fusion pain syndrome, chronic low back pain, chronic pain syndrome, and unspecified effect of drug medicinal and biological substance. The patient was seen by [REDACTED] on 12/10/2013. The patient complained of neck and lower back pain, as well as left ankle sprain. Physical examination revealed no acute distress, tenderness over the superior trapezius, levator scapulae, and splenius capitis on movement, palpable tenderness at the iliolumbar region, and painful range of motion. Treatment recommendations included continuation of current medication including Endocet, Temazepam, and Elavil.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sixty (60) Endocet 10/325mg:** 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): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report 6/10 pain. There is no change in the patient's physical examination that would indicate functional improvement. As satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life, continuation of this medication cannot be determined as medically appropriate. Therefore, the request is non-certified.