

<b>Case Number:</b>	CM14-0006540		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	09/26/2012
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Tennessee. 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:

This is a 46-year-old male with a date of injury of September 26, 2012. The patient was unloading 60 gallon buckets of cement from the bed of a truck and stacking them underground. After unloading 25 buckets he began developing lower back pain and tightness, predominately on the right side, which radiated down the back of the right leg. On October 2, 2013, the patient was noted to have his Percocet dosage increased. On November 25, 2013 patient described his hip and lumbar spine pain as 7/10. Exam showed moderate muscle spasm and tenderness of paralumbar muscles, mostly on the right side. Diagnostic impression is: predominately right lumbar radiculopathy; right greater than left lumbosacral strain and SI joint strain; bilateral hip pain, right greater than left. Treatment to date: medication management, activity modification, lumbar epidural. A UR decision dated December 24, 2013, denied the request for Endocet. There was no VAS quantification of pain, with or without medications. There is no documented symptomatic or functional improvement from its long-term usage. Therefore, based on the current available information, the medical necessity for the continued use of Endocet has not been established and the request was denied. On December 18, 2013, a request was made for the medical records for the December 2, 2013 date of service, but the records were not obtained.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ENDOCET 10/325 MG TABLETS, 120 COUNT, PROVIDED ON DECEMBER 2, 2013:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was no documentation of functional improvement or continued analgesia with the use of Endocet. There is no documentation of lack of adverse side effects or aberrant behavior. There is no documentation of CURES Report or an opiate pain contract. The request for Endocet 10/325 mg tablets, 120 count, provided on December 2, 2013, is not medically necessary or appropriate.