

Case Number:	CM14-0171630		
Date Assigned:	10/23/2014	Date of Injury:	03/17/2002
Decision Date:	11/21/2014	UR Denial Date:	10/11/2014
Priority:	Standard	Application Received:	10/17/2014

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 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 64-year-old female with an injury date of 03/17/02. Based on the 09/17/14 progress report, the patient complains of low back pain rated 6-7/10 with and 8/10 without medications. Physical examination to the lumbar spine revealed bilateral lumbar paravertebral tenderness from L2 - S1. Range of motion was restricted. Straight leg raising test was positive on the left. Patient reports 40% improvement in sitting, standing, walking, lifting, household chores, and work tolerance with opioid medication use. She reports no known drug allergies. Urine drug screen dated 09/17/14 showed consistent results and narcotic contract was reiterated. The patient denies drug or substance abuse. Her medications include Elavil, Endocet, MS Contin, and Neurontin. The patient is currently unemployed. Diagnoses as of 09/17/14 are lumbar radiculopathy and post laminectomy syndrome. The provider is requesting 1 prescription of Endocet 10/325mg #140. The utilization review determination being challenged is dated 10/11/14. The requesting physician provided frequent reports from 06/26/14 - 10/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Endocet 10/325mg #140: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89 and 76-78.

Decision rationale: The patient presents with low back pain rated 6-7/10 with and 8/10 without medications. The prospective request is for Endocet 10/325mg #140. The injured worker's diagnoses dated 09/17/14 included lumbar radiculopathy and post laminectomy syndrome. MTUS Guidelines on pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS on page 78 also requires documentation of "the 4A's" (analgesia, ADLs, adverse side effects, and adverse behavior), as well as a "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated 09/17/14, the patient reports a 40% improvement in sitting, standing, walking, lifting, household chores, and work tolerance with opioid medication use. She reports no known drug allergies. Her urine drug screen dated 09/17/14 showed consistent results and her narcotic contract was reiterated. The patient denies drug or substance abuse. The request was modified to #90 by the utilization review dated 10/11/14. In this case, adequate documentation has been provided, including numeric scales and functional measures that show significant improvement. The request is medically necessary.