

<b>Case Number:</b>	CM14-0038922		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	11/10/2010
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 injured worker is a 40-year-old female who reported an injury on 11/10/2010. The mechanism of injury was not provided. The diagnoses included right S1 lumbosacral radiculopathy and lumbosacral sprain/strain. Prior therapies included physical therapy, a Functional Restoration Program, and medications. Per the 01/30/2014 follow-up report, the injured worker reported back pain shooting down her right leg and occasionally her left leg. Her medications included Prilosec, MiraLax, oxycodone, Endocet, Tizanidine, and Celexa. Physical exam findings included tenderness to palpation in the lumbosacral paraspinal musculature and a positive straight leg raise on the right. The Request for Authorization Form and rationale for Endocet were not present in the medical record.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Endocet 75-325mg 1(One) tab q6hrs (every six hours) quantity 90, no refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid. Decision based on Non-MTUS Citation Opioid Treatment Guidelines from The American Pain Society, American Academy of Pain, and Annals of Internal medicine 2007; 146: 115-127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (criteria for Use) Page(s): 76-80.

**Decision rationale:** The request for Endocet 75/325mg 1(One) tab q6hrs (every six hours) quantity 90, no refills is not medically necessary. The CA MTUS Guidelines state opioid management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The medical records provided indicate an ongoing prescription for Endocet since at least 10/22/2013. There is a lack of documentation regarding significant pain relief, objective functional improvements, appropriate medication use, and side effects. Based on this information, continued use is not supported. As such, the request is not medically necessary.