

<b>Case Number:</b>	CM14-0040714		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	10/16/2000
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Medicine and is licensed to practice in Florida. 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 57-year-old male who reported an injury on 10/16/2000. The mechanism of injury was not provided in the medical records. The injured worker is diagnosed with chronic pain syndrome. His past treatments were noted to include multiple medications and psychotherapy. The surgical history was noted to include 6 previous knee surgeries. On 03/20/2014, the injured worker presented for follow-up regarding his chronic knee pain. His physical examination revealed no significant findings. His medications were noted to include Lyrica, MS-Contin, Endocet, Promethazine, Prilosec, Wellbutrin, Cymbalta, and Tamsulosin. The Clinical Note indicated that the injured worker required refills of his MS-Contin and Endocet for his knee pain which he had been utilizing for a number of years. The injured worker reported a pain level of 10/10 without use of medications and a pain level of 6/10 with use of the medications. It was also indicated that he had significant functional improvement with use of his medications and without these medicines he would not be able to get out of bed to do many of his home duties. Also noted was that he did not have significant adverse effects with these medications and he has not shown any aberrant behavior. The treatment plan included medications refills. The rationale for the requested medications was to maintain the patient's pain relief and functional improvement. A Request for Authorization for the medications was submitted on 03/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Endocet 5/325 mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Criteria for Use and On-going Management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, adverse side effects, and aberrant drug taking behaviors. The guidelines also state that use of drug screening should be performed to verify compliance. The clinical information submitted for review indicated that the injured worker had significant pain relief and increased function with use of his opioid medications. In addition, the injured worker denied adverse side effects and was noted to have not shown aberrant drug taking behaviors; however, the clinical information submitted for review failed to provide consistent results from a urine drug screen to verify appropriate medication use and compliance with his current medication regimen. Therefore, the request failed to indicate a frequency of use for the requested medications. Based on the above, the request for Endocet 5/325mg, quantity 180 is not medically necessary.

**MS Contin 30 mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use - On-going Management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, adverse side effects, and aberrant drug taking behaviors. The guidelines also state that use of drug screening should be performed to verify compliance. The clinical information submitted for review indicated that the injured worker had significant pain relief and increased function with use of his opioid medications. In addition, the injured worker denied adverse side effects and was noted to have not shown aberrant drug taking behaviors; however, the clinical information submitted for review failed to provide consistent results from a urine drug screen to verify appropriate medication use and compliance with his current medication regimen. Therefore, the request failed to indicate a frequency of use for the requested medications. Based on the above, the request for MS Contin 30mg, quantity 180 is not medically necessary.