

Case Number:	CM14-0044079		
Date Assigned:	07/02/2014	Date of Injury:	07/08/1993
Decision Date:	08/05/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/11/2014

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 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:

According to the records made available for review, this is a 50-year-old female with a 7/8/93 date of injury. At the time (3/21/14) of the request for authorization for Endocet 10/325mg, 1-2 tabs three times a day #180 for lower back pain as an out-patient, there is documentation of subjective pain, medication has vanquished symptoms by over 50% and objective findings paralumbar spasm, posterior facets remained tender at L2, L3, L4, and L5 of the left, decreased range of motion). Her current diagnoses include BAK fusion L4 and L5, piriformis myofascial pain syndrome, and sleep impairment related to chronic pain. Her treatment to date is medication including opioids for at least 4 months. In addition, there is documentation that the patient signed an opiate contract on 2/12/14. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endocet 10/325mg., 1-2 tabs three times a day #180 for lower back pain as an out-patient:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Goodman and Gilman's The Pharmacological Basis of Therapeutics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of BAK fusion L4 and L5, piriformis myofascial pain syndrome, and sleep impairment related to chronic pain. In addition, there is documentation of treatment with opioids for at least 4 months. Furthermore, there is documentation of that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of opioids. Therefore, based on guidelines and a review of the evidence, the request for Endocet 10/325mg, 1-2 tabs three times a day #180 for lower back pain as an outpatient is not medically necessary.