

<b>Case Number:</b>	CM14-0078554		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/09/2001
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 52-year-old male with a 7/9/01 date of injury. At the time (4/17/14) of the request for authorization for Endocet 10-325mg #240, there is documentation of subjective (buttock and hip pain with pain radiating down his posterior thigh to approximately the knee) and objective (marked pelvic tilt with the right side being approximately 1.5 inches lower than the left side, he has exquisite tenderness over the SI joints bilaterally, pelvic rock is positive bilaterally, Faber's test is positive bilaterally, decreased flexion and internal rotation of the hips bilaterally, and tenderness over the greater trochanter bilaterally) findings, current diagnoses (failed back surgery syndrome with secondary bilateral sacroiliitis and piriformis syndrome, not responsive to conservative therapy, self directed exercise program, and stretching), and treatment to date (medication including Endocet for at least 9 months). There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; 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 Endocet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Endocet 10-325mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94.

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

**Decision rationale:** The 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. The 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 failed back surgery syndrome with secondary bilateral sacroiliitis and piriformis syndrome, not responsive to conservative therapy, self directed exercise program, and stretching. In addition, there is documentation of treatment with Endocet for at least 9 months. However, there is no 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. In addition, given documentation of treatment with Endocet for at least 9 months, 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 Endocet. Therefore, based on guidelines and a review of the evidence, the request for Endocet 10-325mg #240 is not medically necessary.