

Case Number:	CM14-0087537		
Date Assigned:	07/23/2014	Date of Injury:	06/01/1998
Decision Date:	09/26/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/11/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Mississippi. 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 records presented for review indicate that this 58 year old male was reportedly injured on June 1, 1998. The mechanism of injury is undisclosed. The most recent progress note, dated May 20, 2014 indicates that there are ongoing complaints of chronic pain of the lumbar and cervical spine as well as cervicogenic headaches. The physical examination demonstrated inflammation in the region of the cervical scar with tenderness to the cervical spine over the C3 to C7 processes, a palpable twitch positive, trigger points are noted in the muscles of the head and neck. Inflammation and swelling are also noted in the thoracic spine, more prominent on the left, with tenderness of the thoracic paraspinal muscles, and facet joints, palpable twitch positive, trigger points are noted, lumbar spine is nontender to the facets, and enter vertebral discs and sacroiliac (SI) joint, no palpable trigger points in the lumbar spine, and gait is normal. Diagnostic imaging studies have included conventional radiographs and MRIs and the patient has undergone multiple cervical and lumbar surgeries, the most recent being fusion. Prior treatment has also included pharmacotherapy, trigger point injections, cryo and heat therapy, testosterone replacement, and activity modifications. A request was made for Endocet 10/325 milligrams quantity ninety and was not certified in the preauthorization process on June 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endocet 10/325 mg one TID #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

Decision rationale: Endocet 10/325 is a branded version of Oxycodone and Acetaminophen. The most recent progress note indicates a goal to wean the patient off the opiates and for this reason, as well as his preference for the branded Endocet, the patient is maintained on short acting medication. The current dosing regimen of the Endocet is one tablet four times daily, and a thirty day supply is requested. A generic equivalent is available. While the medical records do indicate appropriate documentation of improvement on chronic opioid medication, as well as appropriate monitoring of the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors) for ongoing pain management; there is insufficient clinical documentation to substantiate the medical necessity of this specific branded medication. As such, this request is not considered medically necessary.