

<b>Case Number:</b>	CM14-0149415		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	10/22/2007
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Tennessee. 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 patient is a 57-year-old male who has submitted a claim for lumbosacral spondylosis without myelopathy, acquired torsion dystonia, benign neoplasm of spinal cord, cervical disc disorder, s/p cervical disc fusion, and s/p shoulder surgery, associated with an industrial injury date of 10/22/2007. Medical records from 3/3/2011 up to 5/6/2014 were reviewed showing right hand and low back pain, 10/10 in severity which was aggravated by weather changes. He also complained of neck pain, 8/10 in severity. Physical examination revealed right upper extremity dystonia with rigid flexed MCPs and abducted first metacarpal with resistance to passive extension and abduction. No urine drug screen (UDS) reports were available for review. Treatment to date has included Endocet 10/325mg, Baclofen, Centrum, Lisinopril, Gabapentin, and Viagra. The utilization review from 9/9/2014 denied the retrospective request for use of Endocet 10/325mg, #360, date of service (DOS): 08/22/14, stating that there was no documentation of objective functional improvement with prior use of medication, current UDS, risk assessment profile, attempt at weaning/tapering, or an updated and signed pain contract between the provider and the patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective use of Endocet 10/325mg, #360 DOS: 08/22/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, Criteria for use for a therapeutic trial.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-81.

**Decision rationale:** According to pages 78-81 of the California MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient has been taking Endocet since at least March of 2011. As per the progress report dated 5/6/2014, the patient still complains of right hand and low back pain, 10/10 in severity which was aggravated by weather changes. He also complained of neck pain, 8/10 in severity. Physical examination revealed right upper extremity dystonia with rigid flexed MCPs and abducted first metacarpal with resistance to passive extension and abduction. There was no evidence of reduction in pain or functional improvement, and there was no urine drug testing information in the documentation provided. Therefore the Retrospective use of Endocet 10/325mg, #360 DOS: 08/22/14 is not medically necessary.