

Case Number:	CM14-0166401		
Date Assigned:	10/13/2014	Date of Injury:	07/08/1993
Decision Date:	03/26/2015	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 50-year-old female who reported an injury on 07/08/1993. The mechanism of injury was the injured worker reached over to lift a box and her back was injured. The injured worker underwent a lumbar fusion in 1999 and a subsequent lumbar fusion in 2011. The injured worker indicated she had been on pain medications since that time. The injured worker was being monitored for aberrant drug behavior through urine toxicology screens and CURES reports. The documentation of 07/15/2014 revealed the injured worker had back pain with radiation into the legs. The injured worker denied having addiction issues. The injured worker complained of pain in the low back with radiation to the lower extremities. Pain was noted to be made better with lying down, ice, and a TENS unit. The medications were noted to include Prevacid 30 mg 1 at bedtime and Endocet 10/325 mg 1 up to 3 times per day, as well as Avinza 60 mg at bedtime. Physical examination revealed increased muscular tone bilaterally in the lumbar spine. Flexion and extension were decreased. The lateral tilt was limited by 50% bilaterally. The physician documented that the injured worker had a urine drug screen and CURES report that were consistent. The diagnoses included chronic back and radicular pain status post 2 lumbar fusions. The treatment plan included a continuation of opioid medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endocet 10/325mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management Page(s): 60; 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. However, there was a lack of documentation of objective functional improvement with the use of opioids. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Endocet 10/325mg #180 is not medically necessary.