MAXIMUS Federal Services

Case Number:	CM15-0012176		
Date Assigned:	01/29/2015	Date of Injury:	09/29/2001
Decision Date:	03/25/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/21/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 53 year old man sustained an industrial injury on 9/29/2001 after wrestling a person to the ground during an arrest. Current diagnoses include chronic low back syndrome, lumbar degenerative disease, lumbar radiculopathy, lumbar facet syndrome, lumbar levoscoliosis, depression, sleep dysfunction, gastroesophageal reflux disease, and gastritis. Treatment has included oral medications, spinal cord stimulator insertion, psychiatric care, and trigger point injection. Physician notes dated 12/19/2014 show low back and right lower extremity pain. Pantoprazole and Fenopren were dispensed. The worker was noted to have Percocet listed on his medication list, however, no refills were given or mentioned. Further, pain ratings are not included in this assessment. The worker is noted to be working full duty. On 1/14/2015, Utilization Review evaluated a prescription for Endocet tablet 10/325mg #90 to allow for weaning and/or submission of supporting documetnation that was submitted on 1/21/2015. The UR physician noted improvement in pain rating with the medication, however, did not include pain ratings both with and without medication, any side effects, or a urine drug screen. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for Endocet, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Endocet is not medically necessary.