

<b>Case Number:</b>	CM15-0025273		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	06/05/2009
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: District of Columbia, Virginia  
Certification(s)/Specialty: Internal 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 33-year-old male who sustained an industrial injury on June 5, 2009. There was no mechanism of injury documented. The injured worker was diagnosed with right shoulder rotator cuff tear per 2009 MRI, sprain/strain of the lumbar spine with disc herniation at L3-L4 per 2009 MRI, and bilateral S1 radiculopathy. There was no discussion of past surgical interventions. According to the primary treating physician's progress report on January 26, 2014, the injured worker continues to experience low back pain with numbness and tingling to the right hip and right lower extremity into his right foot. The injured worker also has increased right shoulder pain. The injured worker uses a cane favoring his right lower extremity. Evaluation demonstrated lumbar spine range of motion at 35 degrees flexion, 10 degrees extension, lateral bending right at 20 degrees and left 25 degrees with increased pain upon the extremes of range of motion. Sensory deficit was noted over the Left-5 nerve root dermatome. Current medications consist of Endocet, Flexeril and Ambien. Treatment modalities consist of home exercise program and medication. The injured worker is on temporary total disability (TTD) and has not returned to work. The treating physician requested authorization for Endocet 10/325mg# 120. On January 29, 2015, the Utilization Review modified the certification from Endocet 10/325mg# 120 to Endocet 10/325mg# 12. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Endocet 10/325mg# 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792  
Page(s): 75,124-127.

**Decision rationale:** Endocet (acetaminophen and oxycodone) is used to relieve moderate to severe pain. Per MTUS: Short-acting opioids: also known as, "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short acting agents due to their adverse effects. The duration of action is generally 3-4 hours. Short acting opioids include Morphine (Roxanol), Oxycodone (OxyIR, Oxyfast), Endocodone, Oxycodone with acetaminophen, (Roxilox, Roxicet, Percocet, Tylox, Endocet), Hydrocodone with acetaminophen, (Vicodin, Lorcet, Lortab, Zydone, Hydrocet , Norco), and Hydromorphone (Dilaudid, Hydrostat) (Baumann, 2002). Per review of the clinical data provided, the patient did not have pain improvement with this intervention. This medication would be indicated for short-term pain relief. A weaning process should be initiated.