

<b>Case Number:</b>	CM14-0107763		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/25/2003
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 43-year-old female who has submitted a claim for ill-defined condition associated with an industrial injury date of September 25, 2003. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of back pain. A progress note on March 21, 2014 stated that there was no change in the character or intensity of the patient's back pain. There was no recent physical examination conducted. An MRI of the lumbar spine conducted on January 16, 2014 revealed scoliosis, foraminal stenosis on L5-S1, L4-L5 and L3-L4. Treatment to date has included medications including morphine and Norco. Utilization review from June 24, 2014 denied the request for Retrospective pharmacy purchase of Hyrdoco/Acet 7.5/325mg #180 (DOS: 05/23/14) because there was no evidence of an acute increase in pain during the period requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective pharmacy purchase of Hyrdoco/Acet 7.5/325mg #180 (DOS: 05/23/14):**

Upheld

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

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

**Decision rationale:** According to pages 78-81 of the CA 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 had been taking Norco for pain since at least March 2014. The records do not indicate the benefits of Norco in terms of pain reduction and functional improvement. There was no physical examination done on the patient. There is no documentation of the presence or absence of opioid side effects. Moreover, there is no recent urine drug screen that would provide insight regarding the patient's compliance to the prescribed medication. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Retrospective pharmacy purchase of Hyrdoco/Acet 7.5/325mg #180 (DOS: 05/23/14) is not medically necessary.