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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Apr/24/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Kadian 100mg twice a day #60

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., Board Certified Pain Medicine

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines

Request for IRO dated 04/04/12

Utilization review determination dated 03/14/12

Utilization review determination dated 04/03/12

Letter of appeal from Patient dated 03/18/12

Letter of appeal dated 02/09/12

Clinical records dated 04/31/12

Urine drug screen report dated 11/08/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have low back pain with radiation into right lower extremity. His current medications include Kadian, Relafen, amoxicillin, Savella, Prednisone, Singulair, Lisinopril, Plaquenil, Gemfibrozil, and Aspirin. He is reported to have low back pain with radiation into bilateral lower extremities. He has no persistent numbness or weakness. On physical examination he has reported to have steady gait. The record contains letter of appeal from dated 02/09/12. He reports the claimant has been prescribed Kadian since 2006. He is reported to have obtained good pain relief with no side effects. He requested this be allowed to continue. The record contains letter of appeal from the claimant dated 03/18/12. The claimant notes that his prescription for Kadian was denied. He reported since that time he has had extreme pain, withdrawal symptoms from stopping medication suddenly and diminished quality of life. It is noted the requesting physician would not agree to perform peer-to-peer review over telephone. The claimant notes he undergoes regular drug screening to ensure he is taking medication as prescribed. He has tried non-narcotic analgesics Tramadol in the last 6 weeks, which hasn't worked. The initial review was performed on 03/14/12 by who non-certified the request noting that there is no objective rationale to support the ongoing use of Kadian. He notes that there is no indication of moderate to severe pain or an acute exacerbation of symptoms that would support the continued use of narcotic analgesic medications. He notes that while the claimant has been reported to be stable on Kadian since 2006 his clinical status does not currently support the

need for the continued use of potent opioid analgesics. He notes that there is no indication of an ongoing functional benefit resulting in supporting the continued use. The denial was upheld noting that the claimant has polypharmacy which includes a morphine equivalent dosage of 200mg per day. He notes that the claimant has comorbid medical conditions. There is no documentation of perceived pain levels or self-directed pain management interventions. There is no indication the claimant has performed in any multidisciplinary functional restoration or chronic pain management programs. He notes that the continued use of morphine (nearly) 15 years following the date of injury is not clearly established.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

This claimant has a history of a back injury in 1997. The claimant has chronically received treatment for subjective complaints of back pain without significant findings documented on physical examination. Based on the records provided the claimant has not previously undergone surgical intervention and does not have a failed back surgery syndrome. The clinical records do not provide any serial VAS scores or other data to establish that the claimant received any substantive benefit from this medication. There is no documentation of improved function in the submitted clinical records. The reviewer finds that there is insufficient data to establish the medical necessity for the continued use of Kadian 100mg twice a day #60.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)