



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC

DATE OF REVIEW: 12/12/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Pharmacy purchase of OxyContin 80 mg by mouth every 8 hours.

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

Texas State Licensed MD Physical Medicine and Rehabilitation/Pain Medicine Physician

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Dept of Insurance Assignment to Medwork 11/22/2013,
2. Notice of assignment to URA 11/21/2013,
3. Confirmation of Receipt of a Request for a Review by an IRO 11/22/2013
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 11/21/2013
Medical notes 10/24/2013, letter of medical necessity 10/10/2013, medical notes 10/4/2013, phone intake form 10/1/2013, workers compensation progress notes 9/20/2013, permission page 8/17/2013, letter from patient.

PATIENT CLINICAL HISTORY:

The patient is a male who sustained, on xx/xx/xx, occupational injuries to the cervicolumbar spine. He has received conservative management, including physical therapy, spinal injections, and prescribed medications. He underwent a lumbar laminectomy/discectomy and subsequent L4-S1 decompression/fusion surgery. Previously prescribed medications were ineffective or not tolerated, including morphine, fentanyl patch, and methadone. The current prescribed medication of OxyContin 80 mg 1 tablet by mouth every 8 hours has provided analgesia with reduction of pain level. However, there is no specific mention of associated improved functional activities.



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

Based upon *Official Disability Guidelines*, continuing prescribed narcotic analgesic medication is medically justified with associated improved functionality. The submitted physician documentation only documents reduction in pain level. Therefore, the prescribed OxyContin 80 mg by mouth 1 tablet every 8 hours is not medically indicated. Furthermore, the 8-hour dosing is off label and not within FDA-approved guidelines. OxyContin is a 12-hour sustained release opioid analgesic medication.

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

- ACOEM- AMERICAN 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)