

Notice of Independent Review Decision

December 16, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Medical Necessity: Morphine Sulphate CR 60 mg; Lumbar

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

I am Board Certified in Anesthesiology by the American Board of Anesthesiology. I certify that I hold appropriate credentials to conduct this review. I received my medical degree from JSS Medical College at the University of Mysore, India. I was certified indefinitely by the ECFMG. I completed an anesthesiology residency at the University of Texas and a pain management fellowship at the University of California at Los Angeles Medical Center. I hold active and unrestricted licenses in Texas and California. I have 3 years of experience producing Peer Reviews supported by evidence-based medicine and have experience with worker's compensation claims.

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 medical necessity exists for each of the health care services in dispute.

Upon independent review the physician finds that the previous adverse determination should be upheld.

LHL602 REV 01/13

1

The DYLL REVIEW

We take the worry out of Peer Reviews

25 Highland Park Village #100-177 Dallas TX 75205

Phone: 888-950-4333 Fax: 888-9504-4443

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Records Received: 26 page fax 11/25/13 Department of Insurance IRO request, 43 page fax 11/26/13 URA response to disputed services including administrative and medical. Dates of documents range from 2/22/13 to 11/25/13.

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant is a male with complaints of pain. On 02/22/2013, he was seen for continued pain management for chronic low back pain. He had been maintained on Kadian at that time, but reported trouble finding a pharmacy that still carried that medication, which had delayed his refills at times. Medications included Kadian, Roxicodone, lisinopril, simvastatin, nabumetone, Amrix, Baclofen, Cymbalta, Lyrica, and Cyclobenzaprine. Pain was rated at 2/10 at that time. He appeared alert and cooperative with normal mood and affect and normal attention span and concentration. He returned on 05/17/2013 and recently had his Kadian changed to morphine extended release 30 mg 3 times per day. When he returned to clinic he was, reporting that he had not felt that this was providing the benefit that he received with Kadian 60 mg twice a day. Discussion occurred as to changing him to morphine extended release 60 mg twice a day if that did not provide improvement. Pain was rated at 3/10 at that time. He returned on 08/12/2013 with continued pain and he had switched from Kadian to morphine extended release and was taking 60 mg twice a day. He also requested to increase his Roxicodone back to 3 times per day. Roxicodone was 15 mg at that time. Pain was rated at 2/10. There were no focal deficits noted on exam.

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

Official Disability Guidelines utilize criteria for this medication. For ongoing management, Official Disability Guidelines indicate that prescriptions from a single practitioner should be taken as directed and all prescriptions should be from a single pharmacy. The lowest doses possible should be prescribed to improve pain and function. Furthermore, the 4 A's for ongoing monitoring of opioids should be noted, with analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors documented. The submitted records do not indicate that a urine drug screen had been performed from 02/22/2013 through 08/12/2013. He continued to report pain, although pain was rated at 2/10 to 3/10, but also requested an increase in his Roxicodone. At this time, 2 of the 4 A's were not objectively documented sufficiently. Although he did describe pain rated at 2/10 to 3/10, he requested an increase in his Roxicodone while he was taking morphine sulfate. This is not consistent. Furthermore, urine drug screens were not provide

LHL602 REV 01/13

2



The DYLL REVIEW

We take the worry out of Peer Reviews

25 Highland Park Village #100-177 Dallas TX 75205

Phone: 888-950-4333 Fax: 888-9504-4443

for this review to document that this patient was not aberrant with his drug-taking behaviors. Therefore, this request is not considered medically necessary and supported by Official Disability Guidelines, Pain Chapter, in regards to morphine sulfate. Due to the lack of urine drug screens and lack of documentation of significant analgesia with request to increase Roxicodone while on morphine sulfate, this request for morphine sulphate CR 60 mg is not medically necessary.

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)**