

Clear Resolutions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Oct/28/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 60 morphine sulfate 30mg
09/24/2013 – 11/23/2013

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Physical Medicine and Rehabilitation and 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is this reviewer's opinion that medical necessity 60 morphine sulfate 30mg 09/24/2013 – 11/23/2013 is established

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who sustained an injury on xx/xx/xx. No specific mechanism of injury is noted and the patient did undergo a prior left total knee arthroplasty. The patient has been followed for ongoing chronic left knee pain following the surgical procedure. The clinical evaluation on 07/19/13 documented multiple medications to include MS Contin 30mg, Norco 10/325mg, Lyrica 75mg, Diclofenac gel, Clonidine, and Adderall. The patient reported 75% improvement in her pain symptoms and has been reported to have consistent urinary drug screens with no aberrant behavior. The patient's physical examination demonstrated full strength in the lower extremities and full range of motion at the left knee. Medications were continued at this visit. Follow up with xxxx on 08/19/13 showed no changes in regards to the patient's pain complaints. The patient was reported to be functional with medications and could perform activities of daily living as well as care for her husband. No changes on physical examination were noted. There were no suspicions regarding aberrant medication use. The clinical evaluation on 09/20/13 reported no changes in regards to pain relief with medications or evidence of aberrant behavior. The patient did have concerns regarding grinding and intense episodes of pain in the right knee. Physical examination continued to show intact strength and full range of motion at the left knee. No medication changes at this visit were noted.

The requested ongoing use of Morphine Sulfate at 30mg 60 tablets was denied by utilization review on 09/27/13 as there were no available records regarding medication use, subjective history, diagnostic findings, diagnoses, or prior treatment.

This medication was again denied by utilization review on 10/03/13 as again no available

records were available for review.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has been followed for ongoing complaints of chronic left knee pain that has been managed with multiple medications including MS Contin 30mg for 24 coverage of pain with Norco 10/325mg as a breakthrough pain medication. The clinical documentation provided for review does establish that the patient has substantial benefits with this medication with up to 75% relief of symptoms with improved function. The clinical reports did not show evidence of aberrant medication use and urinary drug screens have been reported to be compliant to date. This additional clinical documentation addresses the prior denials for which there was no clinical documentation available for review. Given the objective evidence regarding functional improvement as well as subjective pain relief with ongoing use of Morphine Sulfate as well as no evidence of aberrant medication use and compliant urinary drug screens, it is this reviewer's opinion that medical necessity 60 morphine sulfate 30mg 09/24/2013 – 11/23/2013 is established and the prior denials are overturned.

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)