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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Sep/04/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lyxycontin 80 mg #180/mont
Oxycontin 40 mg #90/month

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

Board Certified Anesthesiology

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Urine drug screen 12/06/10
Clinical note 02/25/13
Clinical note 03/27/13
Clinical note 04/23/13
Clinical note 05/22/13
Clinical note 06/18/13
Clinical note 07/17/13
Clinical note 07/18/13
Clinical note 07/29/13
Clinical note 08/01/13
Clinical note 08/13/13
IME 06/06/11 and 06/11/13
Urine drug screen 08/13/13
Previous utilization reviews 07/26/13 and 08/02/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported initial injury to his neck. Urine drug screen on 12/06/10 revealed consistent findings with use of oxycontin. Clinical note dated 02/25/13 detailed the patient complaining of chronic pain syndrome related symptoms. The patient presented as stable with medication regimen including oxycodone for ongoing use with no dosage changes

for several years. The patient rated his pain as 7/10 at that time. The patient previously underwent cervical laminectomy and decompression. The patient utilized oxycontin 80mg two tablets every eight hours and oxycontin 40mg every eight hours for a 200mg dose three times a day. Clinical note dated 03/27/13 detailed the patient continuing with cervicalgia. The patient continued to rate his pain as 7/10. Clinical note dated 04/23/13 reporting upper extremity weakness on the right greater than the left. The patient rated the pain and weakness as 4/5 at the triceps. Clinical note dated 05/22/13 detailed the patient previously undergoing IME in 2011 which resulted in the recommendation to continue with the drug regimen. The patient had allowed an 18 hour period with no medications secondary to being distracted. The patient stated that the pain was miserable radiating into the upper extremities. IME dated 06/11/13 detailed the patient stating that the initial injury occurred when he was pulling wire in 08/96 resulting in severe acute neck pain. The patient underwent anterior cervical discectomy and fusion from C5 to C7. The patient described the pain as a burning sensation at the right side of the neck with radiation of pain into the upper extremities, right greater than left. The patient was recommended to attempt to substitute the use of Oxycontin with different opiate medications. The clinical note dated 06/18/13 details the patient continuing with a 200mg dose of Oxycontin every 8 hours. The patient rated the pain as 6/10. The clinical note dated 07/17/13 details the patient considering the use of a spinal cord stimulator as an option to reduce or eliminate the patient's pain level. The patient was also recommended to be proactive towards his medication regimen changes. The clinical note dated 07/18/13 details the patient considering alternative options. The clinical note dated 08/01/13 details the patient making progress towards the use of a spinal cord stimulator. The patient was noted to have undergone an educational presentation for the use of a spinal cord stimulator. The urine drug screen completed on 08/13/13 revealed the patient being compliant with his drug regimen. The patient was noted to have negative findings for the use of prescribed Flexeril; however, the patient was noted to have been prescribed on a PRN basis for this medication. The clinical note dated 08/13/13 details the patient continuing with 7/10 pain in the cervical region. Radiating pain continued in the right upper extremity.

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

The documentation submitted for review elaborates the patient complaining of a long history of ongoing cervical region pain despite a previous surgical intervention. The continued use of Oxycontin would be indicated provided the patient meets specific criteria to include a significant reduction in pain along with an objective functional improvement. Additionally, the patient would have been noted to have undergone a weaning process regarding the use of this medication over the course of time and the patient's dose falls within recommended levels in terms of this Morphine equivalents. No information was submitted regarding the patient's objective functional improvements with the use of this medication to include range of motion, strength, or endurance. Additionally, it is unclear if the patient is working without restrictions. Furthermore, the current dose of 200mg on an 8 hour basis far exceeds the recommended Morphine equivalent dose of 120mg per day. Given that no information was submitted regarding the patient's positive response to the use of this medication and taking into account that no information was submitted regarding the patient having previously undergone a weaning process to reduce the use of this medication as well as the amount of Morphine equivalents far exceeding the 120mg per day recommended dosage, this request is not indicated as medically necessary. As such, it is the opinion of this reviewer that the request for Oxycontin 80mg #180 per month and Oxycontin 40mg #90 per month is not recommended as medically necessary.

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)