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Notice of Independent Review Decision

DATE OF REVIEW: 4/2/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of OxyContin 40 mg #60 with 2 refills between 2/7/14 and 2/7/15.

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

The reviewer is a Medical Doctor who is board certified in orthopedic surgery.

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)

The reviewer agrees with the previous adverse determination regarding the medical necessity of OxyContin 40 mg #60 with 2 refills between 2/7/14 and 2/7/15.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

On review of the medical records it is noted this female was injured xx/xx/xx. The patient is status post laminectomies of the lumbar spine in 1996 and 6/28//1997. Subsequently the patient has been diagnosed with failed back surgery syndrome and has been treated long-term with opioid medication. In the medical records provided for my review there is a November 18, 2013 RME where in knee noted the diagnosis was reasonable related to the

injury with a failed surgical back syndrome. Ongoing treatment was felt to be reasonable and necessary as the patient does have some difficulty with increased pain at the end of the day and when sitting she has increased pain. indicated evidence plain was responding to current treatment and that he'll keep the patient able to function and help with pain at the end of the night and aided in sleeping. The January 23, 2014 peer review noted recommendation to noncertify OxyContin 40 mg from 1/15/14 through 3/22/14 noting lateral recent assessment with her treating physician that would clinically support the requested medication lack of documentation of clear evidence of pain reduction and improved function and including facilitating returned to work, and no indication or reason urine drug screen to determine compliance with opioid regime. The 2/7/14 request for reconsideration from the IWP-the patient advocate pharmacy noted prior RME reports 2/23/09 and 2/20/12 continued to recommend ongoing treatment for the failed surgery. It noted medical reports dated 9/10/12, 11/7, 1/2/13, 2/27, 4/26, 6/26, 9/3, 10/1, and 11/8/13 noted meds help function and the patient can control pain with medication and activity. Also a 2/1/14 drug screen was reported to show consistent results for OxyContin. The 2/7/14 also had a handwritten note that is only partially legible noting the patient has chronic pain for which the prescription a long-term opioid will decrease her pain to be able to engage in activities of daily living. The February 11, 2014 review indicated in a medical report 11/8/13 the patient was seen in follow-up reporting low back pain is increased with cold and rainy weather. Medications were helping with symptoms and only takes them when they did. It also noted that prior peer-reviewed from 5/10/10 that had applied the patient had been maintained on long-term opiates without substantial documentation of benefit and strong consideration should be given to a detoxification and functional restoration program, viewing what appears to be the failure of the pharmaceutical regimen to actually help the patient. The February 11, 2000 410 peer-reviewed recommended non-certification. There are multiple handwritten follow-up visit notes 9/10/12, 11/7/12, 1/2/13, 2/27/13, 4/26/13, 6/26/13, 9/3/13, 10/1/13, and 11/8/13. All the notes are handwritten and difficult to decipher in their entirety for total coherent medical information. End trying to decipher the medications I was not able to document ongoing clear evidence of pain reduction with improved function nor facilitation of return to work.

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

All the documents provided for review are listed within the clinical summary. Service in dispute-OxyContin 40 mg #60 with 2 refills between 2/7/14 and 2/7/15. The request should be non-certify with the proviso the treating physician does follow recommended medication guidelines for safe discontinuation. The medical records provided did not adequately address the prior peer- review concerns of there being a recent assessment supporting the request, evidence of clear pain reduction and improved function and with facilitation of return to work. The records provided for review did not support ongoing opioid pain management as the records did not appropriately document analgesic effect with the medications, if activities of daily living have improved, if there were adverse side effects or not and if the patient exhibited aberrant (or non-adherent) drug related behavior or not, and it was not documentation if a home pain diary was being utilized all of which are recommended by ODG for ongoing opioid treatment, therefore the requested medication is not medically necessary.

Reference: ODG- Pain Chapter

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)