



## Medwork Independent Review

5840 Arndt Rd., Ste #2  
Eau Claire, Wisconsin 54701-9729  
1-800-426-1551 | 715-552-0746  
Fax: 715-552-0748  
Independent.Review@medworkiro.com  
[www.medwork.org](http://www.medwork.org)



### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC*

**DATE OF REVIEW:** 3/26/2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Oxycontin

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

Texas State Licensed MD Board Physical Medicine and 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**

**PATIENT CLINICAL HISTORY:**

The claimant was injured on xx/xx/xx when he felt a pop in his back. This injury ultimately lead to a diagnosis of cauda equina syndrome. It appears that the claimant had moved on to aggressive cervical intervention in the form of a spinal fusion in 2007. In the denial letter there appears to be updated documentation that had been reviewed including an appeal letter from the physician stating that the patient continues to have intractable pain and without his medications he is unable to get out of bed to perform even the simplest activities of daily living. Also, there is suggestion that urine drug screens had been requested, but denied by the carrier. He is utilizing a total of 240 mg, which is the equivalent of 360 mg MED as suggested guidelines recommend not exceeding 120 MED.

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

Utilizing Official Disability Guidelines, under the chapter for pain, criteria for use of opioids, if the claimant has improved functioning and pain with the utilization of opioids and if the claimant has returned to work.



## Medwork Independent Review

5840 Arndt Rd., Ste #2  
Eau Claire, Wisconsin 54701-9729  
1-800-426-1551 | 715-552-0746  
Fax: 715-552-0748  
Independent.Review@medworkiro.com  
[www.medwork.org](http://www.medwork.org)



It is unclear as to whether or not the claimant has returned to work; however, clearly the medications help him function at a higher level and improve his pain. This is suggested by the sentence that the claimant cannot even get out of bed or perform activities of daily living without his medications. This clearly suggests that the medication does allow him to function at a higher level, perhaps not at the level of gainful employment; however, chronic pain and failed lumbar fusion syndrome takes its toll on everybody in a different way. This claimant had been on oxycodone since 2004. There has been discussion about performing urine drug screen, but the physician has been denied to perform these screens and this is no fault of his own or the claimants. While 360 MED is a guideline, it certainly cannot be held as a hard rule because there is no ceiling on opioids. Everyone's metabolic makeup is different and this claimant may require higher doses than the general population to control his pain. Eighty mg t.i.d. is a dose that is seen quite commonly in the community for nonmalignant pain.

In a clinical setting, it appears that this claimant is essentially unable to function at any level even getting out of his bed without utilizing medications. In considering alternatives to discontinuing his OxyContin all together, there doesn't appear to be one. It would probably require further surgical intervention and more significant diagnostic studies and evaluations. If in fact the providing physician feels that OxyContin is a tool to help this claimant control his pain and at least get out of bed, then it is reasonable to pursue this despite the minor infractions of the guidelines. The physician in his documentation suggests no signs of abuse of behavior or diversion of the medication. He has already done so in a telephonic conversation per the denial letters. In summary, this is a claimant who had developed cauda equina syndrome per documentation and has failed a lumbar fusion surgery requiring opioid analgesics in the form of OxyContin 80 mg t.i.d. to simply function and get out of bed.

The denial for these services is overturned.

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



## Medwork Independent Review

5840 Arndt Rd., Ste #2  
Eau Claire, Wisconsin 54701-9729  
1-800-426-1551 | 715-552-0746  
Fax: 715-552-0748  
Independent.Review@medworkiro.com  
[www.medwork.org](http://www.medwork.org)



- 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)