

Envoy Medical Systems, LP
4500 Cumbria Lane
Austin, TX 78727

PH: (512) 836-9040
FAX: (512) 491-5145
IRO Certificate #4599

Notice of Independent Review Decision

DATE OF REVIEW: 01/08/14

AMENDED DATE: 2/03/14

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Suboxone 8mg, 1 film T qd #30 times 2 refills

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

Physician Board Certified in Pain Management & Anesthesiology.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld	(Agree) <input checked="" type="checkbox"/>
Overtured	(Disagree)
Partially Overtured	(Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letter, 10/04/13

Appeal Letter Reply, 11/11/13

Clinical Notes (2) 10/03/13, 10/01/13

Consolidation of Reports (Medical, Physical, Psych. Evaluation, Treatment Recommendations 11/11/11 (Dept. of Workers Comp & ODG guidelines att).

ODG (Official Disability Guidelines)

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male who sustained an injury lifting a water pump in xx/xxxx. He has been treated with medications and a functional restoration program. Detoxification from opiates was accomplished and he was placed on Suboxone for one film per day. The addendum note dated 10/01/13 states that 1 film per day is not providing pain relief. A note on 10/03/13 states that the individual quit work and is completely incapacitated. He cannot bend and has pain when sitting. There was tenderness in the paravertebral muscles around L1 through L4 areas. The diagnosis was sprain/strain of the cervical area, sprain/strain of the lumbar area; ruled out herniated nucleus pulposus of the lumbar area. Plan and recommendations: The patient needs to be referred as soon as possible to a specialist in order to determine what is happening and what the best course of action may be. Recommendation is to deny the request for Suboxone 1 film per day.

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

Decision: I agree with the decision to deny the requested service/procedure.

Rationale:

Official disability guidelines require evidence of efficacy of analgesic medications to justify continuing those medications. states that the requested dose, 1 film of Suboxone, per day, is not providing pain relief. Pain guidelines are not met for the requested Suboxone.

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

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE 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 & EXPERTISE IN ACCORDANCE WITH
ACCEPTED MEDICAL STANDARDS X**

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X

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 DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES
(PROVIDE DESCRIPTION)